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# An exploration of the motivational factors in surrogate motherhood.

Lael E. Foster

*University of Massachusetts Amherst*

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AN EXPLORATION OF THE MOTIVATIONAL FACTORS  
IN SURROGATE MOTHERHOOD

A Thesis Presented

by

LAEL E. FOSTER

Submitted to the Graduate School of the  
University of Massachusetts in partial fulfillment  
of the requirements for the degree of

MASTER OF SCIENCE

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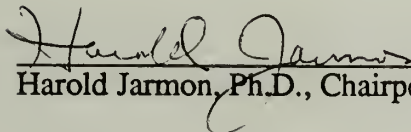
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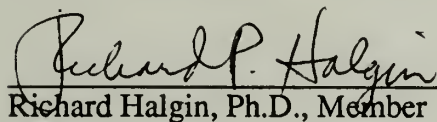
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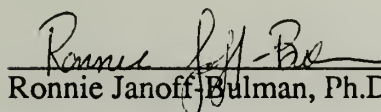
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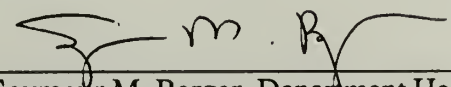
LAEL E. FOSTER

Approved as to style and content by:

  
Harold Jarmon, Ph.D., Chairperson of Committee

  
Richard Halgin, Ph.D., Member

  
Ronnie Janoff-Bulman, Ph.D., Member

  
Seymour M. Berger, Department Head  
Department of Psychology

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## CHAPTER I

### INTRODUCTION

Surrogate mothering is a process in which a woman contracts to be impregnated by a man, carry the fetus to term, and relinquish custody of the infant upon birth to the biological father. Usually, the baby is contracted for by the husband of an infertile woman, and the surrogate mother is impregnated through artificial insemination. The surrogate typically receives a fee of about \$10,000 in the form of a custody settlement. The purpose of this research was to explore the factors influencing the decision of women who choose and are selected to become surrogate mothers.

The motives for reproduction are multiple and complex with biological, psychological and cultural factors all interacting in the decision to bear children. While no single factor is sufficient to explain what motivates women to reproduce, the decision to have children has been shown to be strongly influenced by a woman's current and past relationships. It is not surprising that decisions to reproduce are affected by a person's social and psychological history, yet research on the motivations of surrogates has not focused on these factors.

The few studies (Hanafin, 1984; Parker, 1984a, 1983; and Franks, 1981) that have been conducted have assumed that the surrogate mother is unique from other mothers because she does not intend to keep her child. It is therefore argued that traditional theories about motherhood are not applicable to this population. Instead, these studies have searched for unique aspects of the surrogate mother's personality, such as the presence of psychopathology (Franks, 1981), nonconformity (Hanafin, 1984), empathy (Hanafin, 1984; Parker, 1984a, 1983), and altruism (Hanafin, 1984; Franks, 1981), that might explain the decision to undertake having a baby for someone else. Unfortunately, this

approach has only yielded a list of fragmentary, disconnected explanations about the motives of surrogate mothering, and researchers have concluded that there is no consensual way to describe this population.

Surrogate mothers, however, are a very selective group who do share a common experience. Because the surrogate becomes pregnant with the intention of giving the child to the biological father and adoptive mother, though, researchers have tended to focus on relinquishment as the primary issue in surrogate mothering. For example, studies (Hanafin, 1984; Parker 1984a, 1983; Franks, 1981) regarding the motivations of women who become surrogate mothers have tried to look for common factors or past experiences that might influence a woman to relinquish her baby. In addition, the only study (Parker, 1984a) investigating the women's actual experience of becoming surrogate mothers also focused on the giving up of the baby. Yet, surrogate mothering is not only about relinquishing a child. There are many other aspects to the experience, such as the insemination, the pregnancy, and the real or fantasied relationship with the adoptive couple. The fact that a baby is being given up by his or her mother, has blinded us to the other issues involved in surrogacy, and as a result has narrowly guided the questions we ask to only include one facet of the process. In attempting to understand the motives and experience of surrogate mothers, we must examine the personal meaning that being a surrogate mother has for these women without preconceived ideas about what is the most important aspect of surrogate mothering for them. I would like to posit that surrogate mothering is as much about having a baby as it is about relinquishing a baby; in other words it is about motherhood and mothering in general. The goal of this project was to investigate surrogacy as a variation of motherhood with the intention of understanding what motivates these women to pursue this particular form of motherhood.

## CHAPTER II

### REVIEW OF THE LITERATURE

#### Surrogate Mother Research

The first formal surrogate contract was arranged by Noel Keane, a Michigan attorney, in 1976. While numerous stories about surrogates have appeared in news magazines, television and radio broadcasts since that time, only three studies looking at women who are accepted to be surrogate mothers (Hanafin, 1984; Parker, 1984a; and Franks 1981) and one survey of applicants to a surrogate mother program (Parker, 1983) have been conducted. These studies have attempted to describe this population of women in terms of demographic variables and the motivation to become surrogate mothers.

Demographically, the surrogate mothers were very similar across studies. The mean age ranged from 25 to 27, the average highest educational level attained was slightly more than a high school diploma, and the surrogate mothers had an average of nearly 2 previous live births. No data were reported on whether or not the surrogates currently had custody or were living with their children. Data regarding current marital status varied between studies, although almost all of the women had been married at least once. In both Hanafin's study of 21 women accepted into surrogate mother programs and Parker's study (1984a) of 30 women who became surrogate mothers, more than 80% of the women were currently married. In Franks's sample of 10 women accepted into surrogate programs, however, only 50% were currently married. Parker, in his earlier study (1983), also reported a lower percentage of married women, 56% of 125 women, but this data is based on applicants to a surrogate mother program. Data regarding race and religious affiliation were not reported by Franks, but Hanafin and Parker's samples were almost exclusively

Caucasian women of various Christian faiths including some traditionally conservative religions.

The demographic data are not surprising and may reflect who is selected by surrogate programs more than who would choose to become a surrogate mother. For example, given the high demand and low supply of Caucasian infants available for adoption, it is not surprising that Caucasian women are over represented in the samples. Many programs require that a woman has previously given birth to a healthy child in order to serve as a surrogate mother. Statistically, these women are more likely to have been married. There may also be a tendency for agencies to select women who are married. In addition, it is quite probable that social class plays a role in determining who is selected, but little data has addressed this issue.

In examining the motivations of women who become surrogates, Franks questioned whether these women would exhibit signs of psychopathology compared to a normal population of women. He administered the Minnesota Multiphasic Personality Inventory (MMPI) to 10 women accepted into a surrogate program as well as interviewing them about their reasons for entering the program. Individual MMPI profiles revealed little underlying pathology, with only one woman having a single scale elevated above the normal range. She obtained an elevated hypomania score, but exhibited no other signs of difficulty on other portions of the MMPI or in her stated reasons for becoming a surrogate. Although Franks found no specific MMPI profile that fit all of the surrogates, he reported a trend toward somewhat elevated femininity scores (scale 5) and social extroversion scores (scale 0). From this he concludes that "(t)he subjects appeared to be feminine women with slightly increased energy levels and social extroversion tendencies" (p. 1379).

In reporting the data, Franks presents a "composite" MMPI profile. Because the MMPI scales are interdependent, however, the composite or average profile makes it



difficult to interpret Franks's results. The MMPI is designed to measure psychopathology, and subtle differences between the surrogates in terms of personality characteristics are likely to be averaged out by the composite profile. As a consequence, Franks's conclusions that surrogates tend to be feminine and outgoing must be considered somewhat cautiously. He also points out that the "profiles showed a high degree of honesty in answering the questions" (p. 1379). While this statement seems to suggest that surrogates tend to be honest women, it in fact only indicates that the profiles were valid. In other words, the data from the MMPI could be used because the subjects did not, for example, respond randomly or attempt to present themselves in a positively or negatively exaggerated light.



Results from the interview, indicated that the women chose to become surrogates for similar reasons: "a history of easy pregnancies and labor, love for their own children, the desire to share this love and pleasure with others who had not been able to conceive their own child, and a need for the financial remuneration to stabilize their personal lives and to provide for their own children's needs" (p. 1379). Franks suggests, in summary, that the women who apply to be surrogates have "relatively normal personalities" and are motivated by an "interesting mixture of financial and altruistic factors" (p. 1379).

Parker (1983) interviewed 125 women applying to a surrogate mother program about their motivations to become surrogates. He found that three factors contributed to the decision to become a surrogate: "1) the perceived desire and need for money, 2) the perceived degree of enjoyment and desire to be pregnant, and 3) the perception that the advantages of relinquishment outweighed the disadvantages" (p. 118). Parker describes this third factor as including both the desire to give the gift of a baby to an infertile couple and the unconscious attempt to master unresolved feelings stemming from a previous loss of a child. Parker based the latter of the two components on his observation that 35% of

his sample had given up a child either through abortion or adoption, although very few of the surrogates consciously felt that they were participating in order to deal with unresolved feelings. He also notes that of the 89% of his sample who said that a fee was necessary for their participation, almost 90% felt that the fee alone could not sufficiently explain their decision to become surrogates. They were also motivated by the other two factors.

In a second study, Parker longitudinally followed 30 of the applicants who were accepted into a surrogate mother program through their pregnancies and relinquishment of the infant (1984a). Using data from telephone and personal interviews, Parker explored the experience of these women in terms of his previous hypotheses about the motivations of surrogate mother applicants. Parker found that the fee became less important as the pregnancy progressed and the surrogate developed a relationship with the parental couple. As an agency requirement, the surrogates in this study met the couple prior to being inseminated, and then privately arranged with the couple the extent of contact they would have during the pregnancy and post partum. After delivery, Parker observed that the surrogates "usually felt a sense of duty and a need to please the parental couple by relinquishing a healthy baby for them to 'parent' in a loving and caring way" (1984b, p. 34). Parker, therefore, concludes that the fee is unimportant as a motivation for relinquishment, and he suggests that the fee cannot adequately account for the decision to become a surrogate mother. Although Parker does not directly comment on the number of women who were motivated by their desire to be pregnant, he reports that most surrogates enjoyed the special attention they received while pregnant. Several women derived a sense of accomplishment by "producing something . . . that only a woman could do", and they found that the experience gratified the wish "to give the gift of a baby to a needy couple" (p. 6).

Consistent with his previous findings, Parker found that approximately one third of his sample had given up a child either through abortion or adoption. He concludes, in support of his previous hypothesis, that the experience of relinquishing the child was an attempt to resolve conflictual feelings regarding the prior loss of a fetus or child. He states that "(g)enerally, these repetitions have often been an attempt to master in a willful act what was felt to be less in control originally" (p. 7). While this is an interesting hypothesis, Parker only cites one example in support of his argument, perhaps because of the difficulty of measuring unconscious motivation. This woman, who had given up a child for adoption at age 14 and was herself adopted, stated that she felt more confident about the unknown couple caring for her first child as a result of talking with the parental couple with whom she contracted to be a surrogate. Nevertheless, while this woman was able to consciously connect her desire to be a surrogate with her previous experience, more evidence is needed before concluding that surrogates are motivated by their desire to resolve "prior voluntary losses of a fetus or child" (p. 7).

Parker also presents preliminary findings on the surrogates' experience of the pregnancy and relinquishment of the child. He reports that most surrogates, after the quickening, tended to deny feeling "that this was 'my' child and felt like it was 'theirs' " (p. 8). The surrogates appeared to enjoy the attention they received from the parental couple and seemed to develop a "transient identification" with them (p. 8). Many of the surrogates idealized the couple, and Parker concludes that this identification and idealization foster a sense of empathy which helps the surrogate deal with the anticipated loss.

Parker reports that after delivery the surrogates showed signs of transient grief symptoms ranging from "almost no consciously experienced feeling of loss" to "varying degrees of crying and sadness for several weeks" (p. 11). He does not address, however, whether these symptoms differ significantly from the symptoms of post partum depression



in non-surrogate mothers (Hanafin, 1984). Parker notes that some of the surrogates experienced sadness over the loss of the relationship with the parental couple rather than over the relinquishment of the infant. Others, in contrast to the idealization of the parental couple during pregnancy, experienced anger and resentment towards the couple after relinquishment. Several surrogates considered having "their own replacement child" in order to deal with their feelings of loss (p. 12).

Parker concludes, in summary, that there is no relationship between the motivation to become a surrogate, the particular arrangement of the surrogate process, and the psychological outcome. Unfortunately, he does not explain what he means by "psychological outcome", and because he does not present his data in a systematic fashion, it is difficult to interpret his results.

Drawing from both Franks's and Parker's findings, Hanafin (1984) attempted to systematically address some of the questions raised in the previous research. She hypothesized that four variables would distinguish women choosing to become surrogates from other women. Using a sample of 21 surrogate mothers who had begun the insemination process but had not yet delivered, she looked at: the degree of empathy expressed by the surrogates on Mehrabian and Epstein's (1972) Emotional Empathy Scale; the desire to be unique measured by Snyder and Fromkin's (1977) Uniqueness Scale; the presence of psychopathology according to the MMPI; and the presence of separation anxiety according to Hansburg's (1972) Separation Anxiety Test. Hanafin also gathered demographic and interview data, and she developed a short Likert Scale Questionnaire addressing the surrogates' perceptions of themselves as empathic and non-conforming, their enjoyment of pregnancy, and their belief that ". . . being a mother is most important to being a satisfied, fulfilled woman" (p. 179).



In contrast to Parker's findings, Hanafin's sample of surrogates did not have significantly more losses of children through adoption or abortion than a matched control group (28% and 19% respectively). Thus, she concludes that there is not a direct relationship between the desire to be a surrogate and prior loss of a fetus or child. Hanafin also inquired whether the surrogates themselves had a higher rate of adoption. Hanafin reports that Kellogg, the director of one surrogate program, found that approximately 20% of the applicants to her program were adopted. None of the surrogates in Hanafin's sample, however, were adopted, although one surrogate's siblings were adopted.

✓ Overall, differences between surrogates and other women were not striking on three of the four factors hypothesized to distinguish the surrogates--empathy, uniqueness, and psychopathology. There was no significant difference between the degree of empathy expressed by surrogates and the comparison group on the Emotional Empathy Scale. The surrogates also did not differ in their perceptions of themselves as empathic on Hanafin's Likert Scale. The hypothesis that surrogates need to be unique was not supported by either the Uniqueness Scale or the Likert Scale. No one pattern of MMPI scores characterized the surrogates, and the individual scale scores were not notably elevated.

Although the results of the Separation Anxiety Test revealed no single pattern that typified the surrogate mothers, nearly 3/4 of the women fell into two subgroups: anxiously attached women and overly individuated women. Eight of the women exhibited strong to severe anxious patterns of attachment. This group was more likely to respond in an "intrapunitive" manner to separation with feelings of self-blame, guilt and rejection and was more likely to have had previous abortions. In addition, anxious attachment was positively correlated with the social introversion scale and the paranoia scale on the MMPI which suggests shyness, heightened social sensitivity and self-consciousness. Lastly, this pattern

was positively correlated with a high level of empathy and with the feeling that "being a mother is important to being a satisfied, fulfilled woman."

The second subgroup consisted of seven women who exhibited either overly individuated or excessively self-sufficient patterns of attachment. This group tended to use sublimation in response to separation and attempted to "minimize separation anxiety by detaching themselves from painful feelings" (p. 135). There was a negative correlation with empathy and the feeling that motherhood is important to being satisfied and fulfilled, and these women appeared to be preoccupied with issues of self esteem. The individuated/self sufficient pattern also was positively correlated with the mania scale and the psychopathic deviate scale on the MMPI which suggests a tendency towards egocentricity, impulsivity and oppositionalism. Hanafin concludes that this group of surrogates was "less stereotypically female and more detached than the other cluster" (p. 135).

Hanafin interprets these two patterns of attachment in terms of how the surrogates will cope with the impending relinquishment of the infant. She implies that both subgroups will be able to effectively deal with the separation; the anxiously attached women will empathize with the couple, thus lessening the pain and anxiety of separation, while the individuated/self sufficient women will "recover from separation without experiencing high rates of pain and anxiety", presumably due to denial and sublimation (p. 145). Because the goal of her study was only to assess "how women, who know they will separate from a child they will bear, cope with separation" (p. 5), Hanafin does not address the question of whether these two groups of women are more likely to choose to become surrogate mothers than women who are secure in their attachments or who demonstrate other attachment patterns.

Intuitively, it would seem that issues of attachment and separation somehow influence the decision to become a surrogate mother. Although the surrogates did not exhibit one typical pattern of attachment, both the anxiously attached and overly individuated/self-sufficient women appear to be struggling with attachment and separation issues from opposite sides of the continuum. It could be argued that the surrogates manifest symptoms of separation anxiety, including denial, because they are in fact trying to cope with the impending separation from the infant. Slightly less than half of the subjects in Hanafin's sample were pregnant during the investigation, however, which suggests that the conflicts over attachment and separation existed prior to becoming a surrogate. It seems important, therefore, to better understand the patterns of attachment in surrogate mothers and to determine whether certain constellations of attachment and separation experiences contribute to the motivation to become a surrogate mother.

### **Patterns of Attachment**

Attachment theory, as presented by Bowlby, proposes that representational models of attachment figures are built during childhood and are relatively enduring throughout adult life (Bowlby, 1973, 1980). The specific nature and history of the early attachment relationship is seen to be integrated into personality structure which leads to the construction of a working model of the self (Bretherton, 1985; Bowlby, 1973). Thus early attachment relationships strongly influence an individual's self concept and will characterize later attachment relationships.

Bowlby (1973; 1980) hypothesizes that certain childhood experiences predispose an individual towards a particular pattern of attachment. He proposes that deviations in attachment behavior are "usually in the direction either of anxious and insecure attachment



or else of a vehement assertion of self-sufficiency" (1980, p. 217). He sees these deviations as a result of a child's adverse experiences in the family of origin, particularly "... discontinuities in his relationships and certain ways in which parent-figures may respond, or fail to respond, to his desire for love and care" (p. 217). Anxious attachment arises when parents find a child's needs for attention burdensome and respond irritably by ignoring, scolding or moralizing. Bowlby points out that the child often has had further upsetting experiences as well, such as the parents' divorce or separation or a succession of caretakers. The rejection the child experiences, however, tends to be intermittent or partial rather than complete. On the other hand, overly individuated patterns of attachment stem from a more complete rejection of the child. Bowlby describes two types of experiences leading to this counter-dependent stance: 1) the actual loss of the parent or 2) the parent who is constantly unsympathetic, critical, and tends to discount the value of attachment.

Recent research on attachment confirms the importance of intergenerational transmission of attachment patterns (Bretherton 1985; Main, Kaplan & Cassidy, 1985; and Ricks, 1985). Parents of children who exhibit difficulties with attachment often have had unfavorable attachment-related experiences in their own childhood. Main et al. (1985) suggest what distinguishes "secure parents" from "insecure parents" is the value parents place on attachment relationships, whether the parents have been able to integrate both positive and negative experiences from their own childhood, and the parents' ease in recalling and discussing the importance of their own attachment histories. Although the relationship between the adult's security and the infant's security is significant for both parents, mothers' security is more strongly related to the infant's security of attachment than fathers' security.

Ricks (1985), in her study of the social transmission of attachment behavior, links experiences in the family of origin to a woman's self concept and to her ability to serve as a



secure base for her child. Similarly to Main et al., she describes the mothers of anxiously attached infants as more defensive and more likely to idealize their parents than mothers of secure children. In addition she points out that some mothers of secure children appeared to have successfully reworked histories of disruption and rejection. These women tend to have stable marriages, positive self esteem, and strong ties to their husband's families. Ricks proposes, in summary, that experiences in the family of origin interact with and/or influence adult characteristics which, in turn influence the ability to serve as a secure parent.

In the attachment literature, we see that patterns of attachment develop out of a woman's experience of having been mothered herself and will influence her style of mothering her own child. Hanafin's observation that most surrogates exhibit either overly anxious or individuated patterns of attachment, suggests that these women are likely to have experienced discontinuities in the mothering they received. In addition, if we conceptualize the surrogate baby as their own child, then perhaps we can see the act of surrogacy as part of their mothering style which will necessarily reflect their style of attachment. For example, if a woman is extremely self-sufficient, she is communicating that style to her surrogate baby by not planning to form a relationship with the child. Anxiously attached women will also replicate their own experience of being mothered through their surrogacies, but, according to Bowlby's hypothesis, the "rejection" of their surrogate children will be partial rather than complete. This partial rejection could perhaps be seen in the surrogate mother's thoughts and fantasies about the baby after relinquishment, with the anxiously attached women having qualitatively different thoughts about the baby than the self sufficient women. The literature on the psychological experience of pregnancy focuses on this same intergenerational theme linking a woman's style and choice about motherhood to her own experience of having been mothered.

## **The Psychology of Pregnancy**

In much of the psychological literature, pregnancy is described as a period of transition. This period has been conceptualized as a normal developmental crisis (Bibring, 1959; Bibring, Dwyer, Huntington, & Valenstein, 1961; Deutsch, 1945; and Nadelson, 1978), a "paradigm shift" in a woman's self image (Lederman, 1984), and a stage in the family life cycle (Haley, 1973, and Abarbanel, 1983). Although there is disagreement as to whether pregnancy can be considered a time of "crisis" (Lederman, 1984, Leifer, 1977), it is generally accepted that during pregnancy there is a developmental process that involves certain psychological tasks for the mother.

The choice to become pregnant, the experience of and adaptation to pregnancy, however, is highly individualized. Haskell (1985) points to the importance of the mother-daughter relationship in the decision to bear children. She demonstrates that the quality of a woman's relationship with her mother is positively related to her choosing to become a mother. Other researchers show that the way in which a woman negotiates the transition to motherhood is dependent on her attitudes about mothering and her own experience of having been mothered (Chodorow, 1978). In longitudinal studies of pregnancy, the quality of a woman's relationship with her mother is strongly related to her identification with a maternal role and her subsequent adaptation to becoming a mother (Ballou, 1978; Lederman, 1984; Benedek, 1970). Women who have had highly conflictual relationships with their mothers are more likely to experience both emotional and physiological difficulties during pregnancy and post partum (Lederman, 1984; Melges, 1968).

Ballou and others emphasize the importance of a woman being able to experience being mothered, or cared for, during pregnancy to help her develop a sense of herself as

maternal. In this process, a woman must begin to integrate her feelings about her own experience of being mothered and to reconcile her relationship with her mother by coming to terms with her ambivalence over what she did and did not get from her mother. This reconciliation allows the mother-to-be to identify with her mother or with the role of mother, if the woman felt her mother was a bad example of what a mother should be. It is important, however, that the woman have some sense of having her own dependency needs met, in order for her, in turn, to be able to tolerate and meet the needs of her child. If a woman has not been able to feel mothered in this sense, then she will feel highly ambivalent about what it means for her to become a mother and about mothering her child when she herself is lacking. During pregnancy, then, one of the tasks is to come to some sense of what it is like to be cared for and mothered. This may involve just reexperiencing the feelings of having been mothered through reflection and introspection about one's own childhood, or it may involve needing to feel mothered and nurtured in a way that has never been experienced through a new and different form of relationship with one's mother, husband, or someone else who can provide that experience. By reconciling what it means to be a mother and feeling that one knows what it is like to have been mothered, a woman can feel comfortable becoming a mother and competent in her ability to do so.

### **The Present Study**

It was the intent of this study to begin to identify what influences a woman to choose to become a surrogate mother. Although women who become surrogate mothers intend to relinquish their children, this project assumed that surrogate motherhood is still a form of motherhood in general, albeit an unusual and controversial one. Thus, the decision to become a surrogate mother was seen as a decision about having a child, and in

particular, having a child that the surrogate mother will not raise. Both the attachment literature and pregnancy literature emphasize the influence of current and past relationships on decisions about and styles of mothering. Research on attachment demonstrates the relationship between a mother's history, her self-concept, and her child's pattern of attachment, while research on pregnancy stresses the impact of a woman's view of her mother on the decision to bear children and her adaptation to motherhood. For surrogate mothers then, it is likely that their own experiences of being mothered have contributed to their decision to have a child in this way. From this perspective, surrogate motherhood, and motherhood in general for that matter, is not so different from any decision people make. Decisions are made based on one's own life history and make sense when seen in the context of the individual's life. Thus in order to understand the motivating factors of women who choose to become surrogate mothers, it is important to begin to assess the meaning of surrogacy for them, how they came to the decision, and, in particular, what experiences in their lives and histories of being parented have made surrogacy a viable choice for them. This project was undertaken to explore these issues in depth by looking at the individual life histories of surrogate mothers.



## CHAPTER III

### METHODS

#### Design

This project investigated the motivations of women who chose to become surrogate mothers by studying their experiences of surrogacy, their reasons for becoming surrogates, and their hopes about what surrogate motherhood would accomplish in their lives from the perspective of their own individual backgrounds. A case study approach was chosen due to the small number of women serving as surrogate mothers. As we have seen, prior research attempting to identify specific character traits common to surrogate mothers in general, such as empathy and altruism, has not met with much success. In contrast to this, the present study utilized an exploratory approach to each case study. This study involved an in-depth exploration and analysis of complex interactions between numerous factors for each woman, many of which could not be delineated in advance. By looking at a few women intensively, it was hoped that certain themes and commonalities between the surrogate mothers would emerge thereby generating new hypotheses for future research.

Demographic data and information regarding the surrogate's relationships with her husband, parents, children, and the parental couple were gathered in an interview designed for this study. In addition, each woman was asked to reflect upon her own perceptions of the variables influencing her decision to have a child for someone else and to consider links between her surrogacy and her history of being parented. In order to compare this project's findings with other surrogate research, each woman's style of attachment was also determined. Patterns of attachment, as well as the surrogates' evaluations of their attachment experiences, were assessed by two measures: 1) the Adult Attachment

Interview designed by George, Kaplan and Main (1985); and 2) Hansburg's Separation Anxiety Test (1972). Although the two measures tap similar constructs, the Adult Attachment Interview provides detailed information about each surrogate's individual experience and perception of her attachment relationships, while the Separation Anxiety Test yields a profile of the surrogate's overall pattern of attachment and response to separation.

### **The Women**

The women who participated in this study were surrogate mothers associated with an agency in the New England area that is run by a mental health professional. Although seven women were interested in participating in the study, one woman was excluded because she lived too far away for an interview to be feasible. Six women were interviewed who had served or were in the process of serving as surrogate mothers. Five of the women had completed the surrogate mother program, and one woman had recently begun the surrogate mother program and was waiting to learn whether she was pregnant after her first artificial insemination. Of the five women who had completed the program, one had delivered the surrogate child less than one month before the interview, two had delivered about six months before the interview, and two had delivered just over a year prior to the interview.

The women ranged in age from 30 to 38 years-old, and all were Caucasian. Four of the women were married, two were divorced, and all had two or three children ranging in age from 10 months to 12 years. Four of the women worked outside of the home and two were primarily housewives and mothers. All of the women had a high school education or above. Four had college diplomas including one woman who had her

master's degree. All had middle class life styles, although they ranged from working class to professional class backgrounds. The women were from a variety of Christian faiths.

## **Procedures**

The women were recruited through the surrogate mother agency. A letter introducing the study and inviting the surrogate mothers to participate was sent by the program director to insure confidentiality of those who did not wish to participate. Ten letters were given to the agency, and seven women responded. Surrogates who were interested in participating notified me by letter or by telephone, and an interview was arranged.

All of the interviews were conducted at the women's homes, and in every case, other people, primarily family members, were also home during the interview. The women chose whether or not and the extent to which they would allow children, spouses, and for one woman, her housemate, to participate in the interview. The interview sessions varied in length from two hours to six hours depending upon the woman's approach to the interview. Some women had anticipated sharing a meal and having me meet their families. Other women treated the interview more formally. With two of the women, the sessions took place on two separate days in order to finish the projective test after a lengthy interview. Before beginning, the surrogates were told that I was interested in learning about women who become surrogate mothers and in the factors they feel influenced their decision. Complete confidentiality of their identity to anyone but the researcher was assured. They were asked if they had any questions and were told to feel free to raise questions at any time before, during or after the interview. They were then asked to sign a

consent form and informed that they could withdraw from the study or choose to not answer questions at any time.

The entire interview was audio taped. The women were first interviewed about their current lives, their experiences as surrogates and their family backgrounds, after which they were given Hansburg's Separation Anxiety Test. The order of the interview was not rigid, so that if a woman began to discuss a topic that would otherwise arise later in the interview it was incorporated naturally into the conversation. At the end of the session, each woman was again encouraged to raise any questions she had about the study, and she was told to feel free to contact me should she have further thoughts or questions after the interview. Tape recordings of the interviews were transcribed and the transcriptions were given pseudonyms with some details changed in order to preserve the confidentiality of the participants.

## **Instruments**

### **Interview**

The purpose of the interview was to obtain qualitative data about the surrogates on several variables deemed to be important aspects of pregnancy and motherhood. The interview consisted of questions about the surrogate's sense of her husband, children, parents, parents-in-law, the expected baby, and the parental couple. Questions regarding the woman's thoughts about what motivated her to become a surrogate were included, as well as inquiries about previous abortions and adoptions in order to compare this group of surrogate mothers with previous studies. Because all of the women already had children, several questions about their experience of pregnancy and labor were also included. The interview schedule was constructed following Ballou's (1978) and Lederman's (1984)



interviews with primiparous women, and the entire Adult Attachment Interview by George, Kaplan, and Main (1985) was embedded within the interview to elicit issues of attachment regarding the surrogate's family of origin. The Adult Attachment Interview is a structured interview with specific probes that focuses on the adult's evaluation of attachment experiences as well as asking for specific biographical episodes. An interview schedule is attached in Appendix A. The Adult Attachment Interview begins with question 9 (excluding the query "What anecdotes or stories does your family tell about you?") and continues through question 23. Questions 26, 27 and 28 are derived from the Adult Attachment Interview, but are specially oriented toward the surrogate mother experience.

### **Separation Anxiety Test**

The Separation Anxiety Test developed by Hansburg (1972) was used in order to assess the surrogates' patterns of attachment and to corroborate interview data. Hansburg reports that the pattern of responses on the Separation Anxiety Test protocol provides a picture of how an individual handles separation experiences as well as what emotional traits and characteristics have been integrated into personality structure (1980). The test is designed to provide a summary of the interactions between issues of relatedness, self-reliance, ego strengths and weaknesses, the dominant emotional tone, reactive behavior, and developmental level of a person dealing with a separation experience. The test allows for several emotional responses at once which provides a realistic view of the complicated dynamics involved in separation experiences. The number and type of responses to mild and strong separation stimuli are compared in relation to each other, and the summation of responses to various categories overall, such as rejection or anger, is examined.

The test consists of twelve drawings depicting children separating from significant adults. The drawings are divided into an equal number of mild separation experiences, such as a child going to school, and strong separation experiences, such as a child's mother

being rushed to the hospital. Underneath each picture is an explicit statement about what the picture represents, for example "After an argument with the mother, the father is leaving" (Hansburg, 1972, p. 32). Hansburg asks subjects to look at each picture, report whether or not he or she had a similar experience in childhood, and imagine how the child would feel choosing among 17 statements describing "the child feels . . . ". The 17 statements are listed numerically on a separate page facing the pictures, and the subject is told to choose any number of statements by reading aloud the numbers next to the statements they have selected. The mean number of responses is between 50 and 65, and less than 40 responses is considered a constricted protocol.

This study deviated slightly from Hansburg's instructions by first asking the surrogate mothers to make up a story about each picture. Similar to the instructions for the TAT, the surrogates were asked to tell a story that included a beginning, middle and end. They were asked to describe what led up to the picture, what is happening in the picture, and what will happen in the future; and they were asked to describe what each character in the picture is thinking and feeling.

After telling stories about all of the pictures, the surrogates were asked if what happened in each picture ever happened to them following Hansburg's guidelines. Care was taken to make sure that the surrogates understood that they were not being asked to comment on their stories, but rather whether or not what happened in the picture, according to the statement underneath, happened to them at any point in their childhood. Proceeding with Hansburg's directions, each surrogate was asked to imagine she was the child and to react as if the situation had occurred or might have occurred to her. Recording and scoring followed the guidelines established by Hansburg.

## **Approach to the Data**

The transcriptions of the interviews were analyzed for themes and issues regarding the women's motivations to become surrogate mothers, their experiences of becoming surrogate mothers, their family backgrounds, and their wishes for the child in the future. Particular attention was paid to themes that were consistent across each of these categories for the women individually and as a group. An effort was made to characterize each woman's motivations both in terms of her stated reasons for becoming a surrogate mother and in terms of the unconscious goals that seemed to be represented in the surrogate process. Unconscious motivations were inferred by examining the transcripts in detail along a number of different dimensions. Specifically, the women's responses to questions and descriptions of their experiences were considered both in terms of content and in the manner in which they expressed themselves. Discrepancies between the way in which information was related and its content were highlighted as areas indicating the women's conflictual and ambivalent feelings about the relationship or incident they were discussing. In addition, the exact wording, the emotional tone, and the style of relating their experiences were all used to determine the most salient aspects of the women's surrogacies, current situations and childhoods. An effort was made to characterize the attachment style of each surrogate through the language she used to describe her relationships, her memories of her relationships with her mother and father, her stories from the Separation Anxiety Test, and her style of relating to me during the interview. This general characterization was compared to the Separation Anxiety Test data and to Hanafin's findings on surrogate mothers.

## Limitations

This study sought to make sense of the wish to become a surrogate mother in the lives of a few women. There was no attempt to make the sample representative of the population of women who have chosen or might choose to become surrogate mothers. Thus the motives and experiences of these women do not reflect the motives and experiences of all surrogate mothers. It was hoped that studying the subjective meaning surrogacy has for a woman would shed light on how an individual might decide to have a child for someone else. Determining the subjective meaning of a behavior and the unconscious motivations influencing that behavior, however, is largely an interpretive task that rests on the skill of the observer. What one person may choose as crucial information, another person may overlook. The value of an interpretation, though, ultimately lies in whether it helps us to conceptualize or better understand a certain phenomenon.



## CHAPTER IV

### RESULTS

#### Overview of the Results

The women in this study seem demographically similar to the women who have been surrogate mothers in other studies. They were all Caucasian, primarily middle-class women with children. Some were married, some were not. They were, however, older than the surrogates in Hanafin's, Parker's, and Franks's studies. The women in this study were all 30 years-old and above, compared to the 25 to 27-year-old surrogates in previous research. The women in this study also were slightly more educated. It is unclear what these two findings reflect; it may be the result of agency selection criteria, or perhaps it represents a bias in who would choose to be in this study in particular. Unlike Parker's subjects, none of the women in this study had either had an abortion or given up a child for adoption. One woman had a miscarriage, and two others had difficulties conceiving at some point in their lives.

Because this study focused on the individual meaning, interpretation, and understanding of surrogacy in women's lives, most of the results are devoted to detailed descriptions of each woman's surrogacy. In presenting the cases, I have tried to preserve the atmosphere of the interviews and to provide enough information to give a glimpse of the surrogate's history and current life situation. Each case is presented in five parts preceded by a brief description of the woman: 1) reasons for becoming a surrogate mother, 2) experience of becoming a surrogate mother, 3) family background, 4) wishes for the future, 5) formulations and projective test data. Throughout the case studies certain facts have been changed in order to insure the confidentiality of the participants and their

families. Following the case studies, group themes are discussed in terms of the factors influencing the women to become surrogates and the function of surrogate motherhood in women's lives. Below is a chart summarizing very basic information about the women in order to orient the reader to the cases (See Table 1).

Table 1. Summary Data of the Surrogate Mothers

	AGE	MARITAL STATUS	NUMBER OF CHILDREN	TIME SINCE DELIVERY
Ellen	35	Married	3	Less than 1 month
Pam	30	Married	2	Approx. 6 months
Ann	32	Married	2	1 year
Marie	38	Divorced	3	1 year
Sandy	32	Married	2	Not yet pregnant
Michelle	33	Divorced	3	Approx. 6 months

## Case Studies

### Case 1: Ellen

Ellen is a 35-year-old woman who lives with her husband and children in their own home in an expensive resort area. She has 2 preteenage children and one 4-year-old. Ellen had recently given birth to the surrogate baby, and she had just returned to her work as an office manager the week we met. Ellen is very close to her female boss, and when I initially contacted her, she proudly told me about her boss's outstanding academic credentials. She described her office as having a "family atmosphere", and she mentioned her plans to go to a nearby city to see the ballet with her boss the following day.

Throughout the interview, Ellen spoke in a calm, soothing voice, and although she noted that she felt tired from her first week back at work, she looked healthy and energetic. In the living room there was a large machine from the Red Cross for pumping breast milk. Ellen learned about donating milk at the birth classes she attended, and she explained how difficult it is for the Red Cross to find donors who meet the stringent health requirements. Ellen approached the interview very professionally, and she was interested in my training and experience. Her two youngest children were at home during the interview, and they played quietly and occasionally came in to listen to us talk. Ellen seemed organized, practical and comfortable as a mother and with a guest in her home. Somewhat in contrast to her down-to-earth style, however, she spoke of parts of her experience as a surrogate and of her childhood in an almost magical, lilting voice, and at these times she seemed filled with childlike wonderment and awe.

Reason for Becoming a Surrogate Mother. Ellen immediately linked the idea of becoming a surrogate mother to her past. She first heard of surrogate parenting when she was a teenager 20 years ago in the Mennonite community in which she grew up. A



neighboring Mennonite community had a severe genetic problem because the community was "so cloistered", and the community placed advertisements in the paper for men to come and impregnate any of the women who were within childbearing years. Seven years ago, Ellen read about a woman having a child for a farmer and his infertile wife, and she thought, "Oh gee, you can reverse this." "Instead of men coming in and impregnating women, I was seeing the reversal role." She reports that her husband said that she's the "type of person who could do this", and she adds that "there aren't a lot of people who could commit themselves to fulfill (the responsibilities involved in being a surrogate mother)". Because she and her husband wanted to have another child of their own, however, Ellen decided to postpone her thoughts about surrogate mothering until they finished their own family. Approximately a year after her youngest child was born, she began to research surrogate agencies.

Experience of Becoming a Surrogate Mother. Ellen described her difficult search for an agency that was in the surrogate business for the right moral reasons and in finding a couple who would meet her requirements. She states, "I couldn't surrogate for people just because it sounded like a good idea, (or because) it was something that I wanted to do, anymore than I could be married to somebody just because it sounded like a good idea." She wanted to meet the couple and "decide on them as people" in the same way that she "decided on a marriage". Ellen would be a surrogate only for a couple who could not have children any other way, who would take the child without an amniocentesis, and "who held a real reverence to God, family, community and commitment to things". In addition, she would not become a surrogate for a couple over 40 years-old for a number of reasons: 1) she did not want the increased risk of genetic difficulties with a 35-year-old woman and a man over 40; 2) she wanted the baby to have siblings which she felt was more likely if the parents were younger; and 3) she was worried that if the parents were older and the baby

did turn out to be an only child, the parents would die making it likely that the child "would end up back in (her) family 20 years down the road when they were all by themselves." She explained that most of all she wanted the baby "to have a strong family with lots of family around it to make it feel very bonded and secure inside it's own group and unit, without coming back to this family." She added that while she would not have "anything against" the child coming back to her family, "it would feel somewhat lost, and we really wouldn't know it." Ellen was not concerned about what specific religious beliefs the couple had, as long as they had their own strong "convictions" that they "could stick to". Ellen noted that she and her husband have different religions.

Ellen discussed becoming a surrogate with an attorney who specializes in surrogate arrangements. She explained her restrictions about whom she would consider surrogating for, and the attorney set up an appointment for her to meet a couple. Ellen flew thousands of miles to meet the couple, only to discover upon arrival that the father-to-be was 57 years-old. She was angry with the attorney and felt "it was like all these things I had said . . . were in a tube somewhere that hadn't been heard." Throughout her investigation of becoming a surrogate, Ellen had also been talking with the agency which she later used, about how to arrange for psychological screening, doctors, etc. She exclaimed, with surprise and disgust, that the attorney saw the agency as trying to steal business by "pulling" Ellen away. "That really said it all . . ., (the attorney) was really interested in the commission that would be made off of me and (thought) that somebody else was equally as interested in the commission. . . . It really stunk." After this experience, Ellen decided to take some time to reassess whether she really wanted to become a surrogate, and during this time, she learned that she had multiple sclerosis. She became numb from the waist down while visiting her grandmother, and it was discovered that she had some spinal damage that looked suspiciously like MS. Several months later,

the diagnosis was confirmed, and Ellen came to the conclusion that "because I was thinking about being a surrogate at that point, . . . if I allowed one thing to slip and made adjustments in my life, I would never stop." She decided to go on with whatever plans she had made before the diagnosis "whether it was for my family or for me". She feels that the wisdom of this decision was confirmed by psychologists and neuropsychologists she contacted who "all seemed to agree" with her. Now, because of the amount of time that has passed and the extent of her recovery since the initial diagnosis, Ellen thinks that her case of MS "will always be quite benign".

Ellen began to look at the agency's list of couples and "scratched several off the list" because they did not meet her standards. One couple, that would have been acceptable, turned Ellen down because of their fears that the pregnancy would exacerbate her MS. Ellen felt rejected by this, and she thought that it was "such a silly, silly reason . . . to say no." The agency approached Ellen about becoming a surrogate for an interracial couple, and she thought that "it didn't make a lot of sense that that was a heavy qualification for a couple." She and her husband met the couple, and "they just seemed perfect". This couple had been turned down a multitude of times from adoption agencies and potential surrogates because of their different racial backgrounds, and Ellen "thought how desperately they must feel". She "could really sympathize" with the adoptive mother, because she herself had been "really heart broken" when she was turned down by the couple who feared MS. Ellen describes herself almost as an observer of the magical and cathartic moment when she agreed to become a surrogate for this couple: "I looked around the room and there wasn't anybody who wasn't crying. . . . my husband's crying, and the woman sitting next to me . . . is tearing out of the room with tears pouring down. And I thought, 'I guess we did the right thing'. Everyone was so happy." Ellen and her



husband became friends with the couple throughout her pregnancy, and they continued to have social contact.

Ellen enjoys being pregnant, and she feels that "carrying around life is a real rewarding period of time for a woman". She notes that her husband finds pregnancy "very, very attractive" and to be "probably the most feminine time for a woman." Ellen had difficulty becoming pregnant with her own children, and for a number of years she and her husband thought that Ellen might be infertile. Eventually they underwent a series of tests that indicated her husband had a low sperm count. Ellen laughed gently as she recalled her husband's chagrin at this discovery after having repeatedly told her that she shouldn't feel less feminine for her inability to become pregnant. When they discovered that the problem was him, he felt it was a direct affront to his manhood, and he initially questioned the accuracy of the doctor's findings. After trying a variety of techniques to increase his sperm count, including swimming in ice cold water so that his body heat would not kill off the sperm, they were finally able to conceive.

Ellen's husband was especially attentive during Ellen's pregnancy with the surrogate baby, which she feels was "his way of making it as much his gift" as it was hers. Ellen sees the baby as a gift from everyone in her family, and even from the people with whom she works, because her pregnancy had an impact on everyone in terms of her needs for extra time and her occasional fatigue. She notes with delight that her colleagues thanked her when she returned to work this past week for "making it possible to do this." It was important to Ellen and her husband to know that the children were supportive of Ellen's surrogacy before deciding to go through with it "because it would be a very long haul". They felt their 4-year-old was too young to understand, but they asked the older children how they would feel. Her oldest child responded to the idea of her mother having a baby for someone else, "Sure, that's OK, do it"; but Ellen notes there was "no emotional



depth to it." Ellen is mildly teasing of her oldest child who she feels is "in a wonderful (preteen) stage (and) doesn't want to give any emotional impact into anything." Ellen feels her second child is "by far the most sensitive child of all three", and he responded to the idea of surrogacy by asking his mother, "How can you give up a baby?" Ellen asked her son just to think about it before making a judgement, and the next day he "decided it would be a wonderful thing." He said it was hard to think about giving up a baby; nobody else's mother did it. But he came to feel that "human life was really very important, . . . and it was the most important thing you could give." Ellen reports proudly that her children never once complained throughout her pregnancy, even though she had expected that they might resent the time it took away from them. She was surprised that her children weren't "a little more emotional" when the couple came to pick up the baby , but she feels that this was because the children were very familiar with the couple from their frequent visits.

Ellen had a difficult delivery. The baby was face forward, and she was not dilating, which resulted in a prolonged and painful labor. Unfortunately, due to the damage from the MS, she could not have any spinal anesthetic, and so the doctor was unable to use forceps to turn the baby around. Ellen reports that the doctor would allow her to try to deliver without resorting to a Caesarean section as long as she remained in "good control", and she feels that she had much more control than the doctor expected her to have. Ellen said that she could not tell the difference between this delivery and her other deliveries, expect that this one was a little longer and a little more difficult. She notes that other people, however, said that it was "the worst" type of delivery.

Ellen feels that she prepared herself well in every aspect of surrogate motherhood except for her own emotions. She states, "I think our only fumbling point was my emotions as I was going through it, but everything else we had really talked about." She

had not thought about what the experience of the baby moving would be like for her, and at the quickening she wondered "how do I want to handle this? How do I really think, how do I really feel." Ellen decided at that point that she would have to make a choice about whether she saw the baby as her own, or whether she was going "to isolate (her)self and basically disclaim it." Ellen came to the conclusion that she could not say it was not her child because "facts are facts . . . it was mine." She felt that if she honestly "faced up to that", it would be a lot easier for her in the future. During the pregnancy, Ellen came to a new realization: "I decided in the beginning that this baby is for them. (But) when the baby starts to move, you realize that you aren't really just doing it for them. You know, you're doing this as much for you as you are doing it for them." She is uncertain, however, about why she did it for herself. Her boss frequently asked her throughout the pregnancy, "what do you get out of this?" Ellen said, "it's impossible to come up with one solid reason for what a person gets out of it anymore than anything else that you do. There isn't any one thing . . . other than to say that (having a child) is probably the most enriching thing. Having a child for somebody else isn't any (less) enriching than to have a child that I keep and raise and grow." She marvels that all people can grow up to be wonderful people, which is a lesson she has tried to teach her children. She sees this baby as someone who will grow up to be a "wonderful person", regardless of what he does. Ellen met one surrogate through the agency, but she feels that they did not have much in common and were "completely different types of people". She notes that "the emotions of a surrogate and why a person does it and who they are as people . . . has got to be a real, varied thing." Ellen did not accept the traditional \$10,000 fee plus medical insurance for being a surrogate mother. Instead, she opted to use the \$10,000 to cover doctor's visits and hospital bills without using insurance. She does not know how much of the \$10,000 will be left over once she has paid the medical bills, but she estimates it will be no more

than \$2,000. She is uncertain about what to do with this sum, and she is thinking of returning it to the couple.

Family Background. Ellen grew up with her parents and older brother on the family farm. Her father is a Mennonite, and her mother is of some other, undisclosed, Christian faith. She described the house she grew up in as "serious" and "solemn", and she contrasted this with her husband's family who is a "very loving, touching, tactile group". Although she feels the seriousness was due, in part, to the Mennonite tradition and the way in which her father was raised, she sees her mother as "the solemn one". In the last few years, Ellen's parents divorced because they "never really enjoyed being together", and her father is now involved in a relationship with a "real fun loving" woman. Ellen's mother worked outside of the home from the time Ellen was 5, and she remembers her father being the one who would always be home since he worked on the farm. In describing her relationship to her parents, she again uses the phrase "reversal thing", and she illustrates this by explaining that her father was the one to hear "how awful the peas were at school . . ." while her mother was off working. Because of this, she feels she is much closer to her father than to her mother. Ellen has very few memories of her mother before she was 5; however, her mother recently told her that they had been "constant companions". Ellen vaguely recalls "hovering under the ironing board" and hanging on the back of her mother's coat in stores, but she notes that her "reflections" of her mother are less than they are with her father. Her mother reminded her of their once close relationship after Ellen's first daughter was born. Her daughter was "a very demanding child", and Ellen's mother noted how Ellen, similar to her daughter, would run to her with "every little whatever" when she was a child. Ellen wonders if she also "was that way" with her father, but he just wasn't "the type to say" anything about it.



Ellen describes her mother as "fast", "serious", "strict" and "judgemental". She remembers that her mother worked at "a pace of 110 miles per hour", and that in order to talk to her for any length of time, she would have to follow her mother from room to room. Ellen's mother was the disciplinarian, and she taught the children to be very self-disciplined, determined, and "strong principled" which Ellen feels is a virtue. Ellen also sees her mother as a pessimist, "the voice of doom", unlike her father's current girlfriend who is a "real positive thinker". Ellen seems to understand this aspect of her mother, though, and she reflects on how easy it is to "fall into" an attitude of "if you don't do that . . ." with children when they don't seem to be listening.

Ellen's father was a very "quiet", "sensitive" man with whom she had an "even flowing relationship". He rarely spoke to the children while they were little, "so that you listened when he spoke". She points out that "what somebody else might drag out into a half an hour lecture, he would say in about five sentences." She feels that he was very affectionate with her when she was younger, but when she began to grow up, he didn't "really (know) quite what to do with (her)". She imitated his thoughts: "She was a little girl, and I had it all planned that she was supposed to stay like this." Reflectively, Ellen states, "there was a period of time that was a little stressful because I couldn't quite figure out why I wasn't Daddy's little girl, and I think he couldn't quite figure it out either." Ellen notes that she was never close to her brother, and they still do not have much in common.

When Ellen announced her plans to marry her husband after they had dated for six months, her father disapproved of the marriage and refused to come to the wedding. Her father objected to her marrying a man from a different religion, which both shocked and disappointed Ellen. Her brother also disapproved of the marriage, and her mother and her brother's fiancée were the only people Ellen knew at the wedding which took place at her husband's family's home. Ellen feels that her well-to-do in-laws were initially skeptical



about the marriage as well, and she implies that they were worried that she was interested in the family money. She recalls with delight the point at which she endeared herself to her father-in-law who came to see her "as the most refreshing thing that had come into the house since Ivory soap". Her in-laws wanted to know what to buy for a wedding present and told Ellen that she could have whatever she wanted. Ellen asked them for a blender. She notes that "his father was floored" and refreshed to find out that she was not a "gold digger". Ellen feels that her mother-in-law was a "little bit unsure" of Ellen but was willing to give the marriage a chance.

Ellen and her father did not speak for a year after the wedding. Her mother frequently wrote "lovely flowing letters about the typically motherly things", but she did not hear from her father. Eventually Ellen called home "collect" and her father did not accept the charges. The freshness of this memory is almost palpable, and Ellen describes how the telephone operator cut them off before Ellen could hear her father tell her to call back in an hour because her mother was in the barn. Ellen was "devastated" thinking that he was still mad, and she wrote to him expressing how disappointed she had been when he didn't accept the call. Ellen smiled as she told me that mother chastised her father for not accepting the call anyway. She feels it was at this point that her father decided "half a daughter was better than nothing at all, and sharing wouldn't be too drastic". Ellen laughed as she told me this entire story, but it seemed to clearly arouse a lot of pain and sadness for her.

Ellen feels that both of her parents were supportive of her becoming a surrogate, although her mother, not surprisingly, was much more vocal in her support. Ellen felt her mother was far more supportive than she had expected her to be, and her mother demonstrated this support by flying out to visit Ellen the week before she delivered. She thinks that her mother would liked to have met the couple in order to know that Ellen had

"chosen well". She showed her mother some letters that the couple had written, which she feels helped her mother to know that she "had chosen wisely, and that these people were indeed grateful and not just using (her) as a vessel." Ellen's father "was far more reserved" in expressing his view of the surrogacy. His girlfriend, however, told Ellen that he had said "it was probably the most unselfish thing" that Ellen had ever done. Her father plans to visit soon, and Ellen says she suspiciously thinks it is because he wants to "visually see (her) and know that (she's) emotionally very stable with it."

Wishes for the Future. Ellen's 3 wishes for the baby in 20 years are that 1) she still has parents with whom she can live, 2) she has siblings with whom she has a "real strong bond of sharing", and 3) she grows up to seek her own happiness. She feels that these wishes are related to the way in which she was parented, and she concludes "there's a part of us that always clings to the past". She feels her parents are an important "rudder" in her life, and she thinks that even when she's 60, she'll still be using her parents as a guide. At the end of the interview, Ellen noted that she sees "a lot of (her)self like (her) mother" and a lot of herself in the adoptive mother. She feels that she, like the other women, is "the strong one and the one who is doling out the rules". She smiled as she thought about how she and the adoptive mother are alike in their seriousness and cautiousness. They both "frowned" at their husbands who were making popcorn balls together with childlike enthusiasm, and one week after the birth of the surrogate baby they both have burned plastic "nipples" on the stove in their cautious efforts to sterilize everything. Ellen burned part of the breast pump, and the adoptive mother burned the nipple to the bottle.

Formulations and Projective Test Data. While Ellen feels that her decision to become a surrogate mother is definitely linked to her past, it is difficult for her to articulate just what it was that motivated her to become a surrogate. Her response to meeting another surrogate mother indicates, however, that she is keenly aware that a surrogate's individual

psychological history, "the emotions of a surrogate" and "who they are as people", is integrally tied to why someone would be interested in becoming a surrogate mother. I think that Ellen's sense of confusion about her own motivations is, paradoxically, key to understanding her reasons for becoming a surrogate. Hopefully, this will become clear below.

Much of Ellen's history is dominated by interesting contradictions which on the surface seem to make sense, but must have ultimately resulted in a rather confusing childhood. Commitment to family was clearly one of the important lessons of Ellen's childhood; yet, she describes her actual family as a disparate and emotionally distant group. She does not remember being close to her mother, she was not close to her brother, and while she felt close to her father, she ultimately came to feel rejected as she matured. Her wish for the baby, to "feel very bonded and secure in it's own group and unit", in a way, has been a longstanding wish for herself. Ellen, however, continues to see her family as a secure, bonded group, despite her description to the contrary. It is here where the confusion comes into play. Ellen seems to feel no need to reconcile or explain the two opposing images, because she does not acknowledge them as contradictory. The confusion lies with the observer attempting to integrate obvious inconsistencies, while Ellen is able to gloss over these discrepancies: it is not that she leaves information out, but rather that she isolates it from its disturbing affective implications and loosely weaves events together in an incoherent whole. It is not difficult to see how this style helps Ellen to avoid painful affects. The most striking example of this is Ellen's light-hearted description of her father's extreme rejection of her when she married. She states that she was "devastated", but she does so with a tone of only moderate disappointment. Another example is seen in Ellen's almost entirely forgetting the closeness she and her mother once shared, which must have been abruptly cut short when her mother returned to work.



Although Ellen was quite young at the time, she seems to feel little concern about her inability to recall this lost relationship, since acknowledging the loss would dredge up intolerable feelings. It appears impossible for her to integrate any feelings of anger, depression and despair in her relationship with her parents, without having to disrupt her view of herself as "bonded and secure" in the family. Thus, she overlooks the fact that the pieces do not cleanly fit together. In a way, it makes sense that Ellen would feel totally at peace with surrogate mothering which for others frequently evokes confused and chaotic feelings. To acknowledge that the surrogate baby is hers and that she loves the baby does not seem inconsistent with relinquishing the baby. Here we can see elements of undoing her own childhood losses by repeating the very same theme of abandonment: to relinquish or leave a child is the ultimate loving act. Thus, rejection and abandonment become an expression of loving connectedness. This explanation works well as long as other more ambivalent feelings do not surface.

Ellen's projective test protocol was very constricted to the point of almost being uninterpretable<sup>1</sup>. While this renders formulations from the test data difficult, it again portrays Ellen as a woman who has greatly restricted the affect that she allows herself to feel. At times, Ellen was unable to choose any test response that she felt would match her own response to the situation. This occurred when the test items seemed too "negative", and Ellen came up with her own more pleasant response of how happy the girl in the picture would be in the future. While Ellen added her own responses only to pictures that showed mild separations, such as the girl going off to camp or moving to a new neighborhood, it seemed as though anxious or uncertain feelings were barred from her emotional repertoire in these situations. Ellen showed a slight tendency towards relying on herself more than on others when faced with separations, although overall she seemed to

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<sup>1</sup>Twenty responses and under is considered uninterpretable. Ellen gave 22 responses.



demonstrate a fairly secure style of attachment, as indicated by her feeling sorry for the other person during a separation or feeling lonely herself. Most notable, however, was Ellen's absolute lack of responses indicating any feelings of rejection or anger towards herself or others in the separation experiences depicted in the test. Again Ellen presents a contradiction: while she appears to be attached to others, she has very little reaction to separation. She does not see the separation as directed towards her, and hence does not feel angry or rejected. While this can be a very adaptive reaction, in this extreme it is more indicative of her need to feel no sense of connection to those from whom she would be separating. It is almost as if she refuses to take it personally. In addition, Ellen feels little discomfort in this defensive style, which concurs with her ability to easily tolerate, but not integrate, conflicting data about her family relationships.

In describing her experience of becoming a surrogate, Ellen speaks with two distinct vocal styles: a pragmatic, down-to-earth style, and a more playful, naive, excited style. These two styles seem clearly related to her feelings about her mother and father and, more generally, to her feelings about women and men. In Ellen's experience, women are the pragmatic, serious, organizers who work and keep the discipline. Men, on the other hand, are romantic, moody, nurturant, and even silly at times. Men, however, are also powerful. They are the ones who came in to save the genetically-ailing Mennonite community, and they are the ones who can ultimately accept or reject relationships. As Ellen notes, "it's a reversal thing": men are in a more traditionally maternal role, but with a great deal of power, and women are in a traditionally paternal, but less powerful, role. To become a woman in this family means having to renounce not only the gaiety and magic of childhood, but also the ability to be powerful and have an emotional impact on others. The men in Ellen's life, her father, father-in-law, and husband, have provided her with a sense of validation and self-worth, but this sense of being worthy has not been integrated with

her sense of what it means to be an adult woman. She pleases them with her innocence and childlike charm, but not with her competence and seriousness.

One of Ellen's thoughts about becoming a surrogate is, "Oh gee, you can reverse this", which encompasses much more than just the idea that women can become pregnant to help with problems in fertility. It is clear that she derives a sense of competence and validation from having been a surrogate mother, and her surrogacy has served as a vehicle to help her begin to integrate being powerful and wonderful with being an adult woman. This process of integration can be seen in her use of both vocal styles to describe her surrogacy. For example, she uses the female-pragmatic style as she describes the commitment being a surrogate requires, and the thoroughness and caution that is needed in choosing a couple and donating breast milk. By having the surrogate baby, however, she can rekindle the childlike excitement of doing and being something wonderful. She speaks with this second, wondrous style as she describes the special attention and validation she receives for being a surrogate mother from her husband, children, and coworkers. She sees everyone as participating in the gift, and by giving a baby, she, in some sense, gets to be the special gift herself. She is able to produce the feelings of excitement and awe that have been relegated to men in her life, by doing something that is inherently female--having a baby.

Throughout Ellen's surrogacy, we can see the repetition and reworking of several themes. She wants the baby to feel bonded and secure, and she worries that without parents and a strong sense of family, the baby "would feel somewhat lost". Ellen herself must have felt somewhat lost when she found herself first without her mother's companionship and later ejected from the family when she became an adult, married woman. These feelings, however, are difficult for Ellen to come to terms with, and surrogate motherhood allows Ellen to view herself as bonded and secure since it connects

relinquishing a child with loving a child. Surrogate motherhood also serves the function of enabling Ellen to develop a sense of herself as a competent, powerful woman. She becomes aware when she first hears of surrogacy that certain aspects that she has associated with men and women do not necessarily have to be that way. She can reverse her lessons about gender differences from childhood by integrating various aspects of herself. At the end of the interview, Ellen seems to be coming to terms with a sense of herself as an adult woman: she sees herself as both like her mother and the adoptive mother, and she feels competent and validated by both the men and women around her.

## **Case 2: Pam**

Pamela is a 32-year-old woman who lives with her husband, Ron, and their two daughters, ages 10 and 5. The family lives in a sparsely decorated, rented condominium in a complex in which most of the families own their units. Pam works the night shift, and Ron works the day shift. They split the child care responsibilities, and Pam sleeps in shifts throughout the day. Pam had given birth to the surrogate baby a year before the interview. The house was noisy since both the TV and the stereo were turned on, yet Ron, who was in an adjoining room, seemed to hear everything Pam said, including her whispered responses. Pam, however, did not seem to find this intrusive, but rather nurturant and protective. Ron seemed ready to help Pam out with any questions that might be difficult, and Pam clearly relied on Ron for this assistance. Ron is the family's historian. He remembers yearly events, such as birthdays and anniversaries, statistics about the birth of the surrogate baby, and facts about the marriage. There was a playful banter between them, with Pam partially recalling things, such as the baby's weight, and Ron filling in the details. For example, Ron helped Pam to figure out the baby's birthdate in response to my question:



Pam: Oh yeah (turns to R.) Do you know which, you see I don't even know the date. I feel so cold. (She does not seem particularly concerned by this.)  
 Ron: Don't ask me, don't ask me (as if he knows but wants Pam to remember for herself).  
 Pam: November.....  
 Ron: (trying to hint) Right after her (their daughter's) birthday.  
 Pam: Right after her birthday. After Thanksgiving?  
 Ron: Yeah.

Pam never did remember the exact date.

Pam speaks in short, clipped sentences, and she has a wry sense of humor. When asked to choose 5 adjectives to describe her relationship with her mother, Pam responded: "... can't you get the adjectives out of what I'm saying. Can't you do the work? I don't want to rack my brains, tonight is my night off." She teases and is mildly sarcastic, but she is also very forthright and honest about her feelings. While she conveys a bit of a tough exterior, she seems to easily shed this stance when she feels that she will be accepted. She had prepared a plate of cookies for the interview, and midway through our discussion, she put them on the table with a some terse gesture like, "There. Do you want a cookie?" My sense was that she did not want to look as though she had gone to the trouble that she obviously had, without knowing in advance how her gesture would be taken.

Reason for Becoming a Surrogate Mother. Pam heard about surrogate mothering on a soap opera about 3 years before she contacted the agency. She thought that it sounded like a good idea at the time but could not find an agency in the area. Two years later she decided to look into surrogate mothering again, and she was referred to the surrogate agency which had newly opened. She recalled that in the soap opera a woman had an infertile husband and wanted to know what it was like to experience childbirth. In contrast, she states that her original motive was the money. She says that they were not very well



off and when "(you) don't know when the next meal is coming or something like that . . . you think of money." Her first reaction was that \$10,000 is a lot of money, but after the fact she felt that it was not that much after all.

Experience of Becoming a Surrogate Mother. Pam spent nearly 2 years trying to become pregnant as a surrogate mother. She went through 9 insemination attempts with one couple who then "defaulted on the contract" by failing to show for an insemination appointment. Pam then underwent a series of tests before beginning another 7 months of inseminations with a second couple. Pam isn't sure how long it actually took to become pregnant for the second couple, but she feels that the whole process "was an eternity". Ron notes that they were separated almost the entire 2 years, and Pam wonders if the difficulty in becoming pregnant may have been the result of "problems in relaxation" due to the marital tensions.

Pam had a very difficult pregnancy that required extended bed rest and hospitalization. In order to keep from spontaneously aborting, she had to leave her job, and she was unable to take care of her children. Because Ron and she were separated, she moved in with her parents, and the children stayed at a sitter's house for several months. Pam feels that Ron, her parents, the couple and the sitter were all "wonderful" during her pregnancy. Ron visited the children every day and "was very supportive through the whole thing as if it was his own baby". Pam's mother took care of her because she literally "couldn't do anything . . . (except) go from the bedroom to the couch". Every Sunday, her parents took her out to breakfast and treated her like a "china doll" so that she wouldn't start bleeding. The couple sent her a paycheck every week and gave her an extra \$2000 for a car in addition to the \$10,000. The sitter was "excellent". She "fed, washed and rocked" the children, and Pam paid her with the couple's weekly checks. Pam delivered 5 weeks prematurely, and she states that she can still picture the couple, who she met for the first

time in the hospital. She adds that she was heavily medicated, but she remembers that "they were very nice people". When she thinks of them, what comes to mind most is that "they were rich". Ron interjects "no, no, no" in response to Pam's observation about the couple, and after some discussion, they eventually agree that the couple was "well off". Pam continued her description: "They have a lot of class. Very respectable, neat, clean; I mean a lot of things come to mind." Ron again adds his view that "they were very, very nice people", and acknowledging Ron's comment, Pam concludes that they were supportive and "very, very nice". Pam illustrates their support by stressing the couple's concern for her: "I mean they could have been people who didn't care less or call or 'so you're out of work, big deal. It's not my fault.' "

Ron initially was not in favor of Pam's surrogacy primarily because he "loves babies" and would like to have more children with Pam. When Pam decided to go through with the surrogacy, however, Ron was "all for it". She explained that "you're supposed to be supportive of each other". Pam does not want any more children. "I don't want kids, I hate kids. I love my kids, but they came too early. I think I'm a selfish person to a certain degree and they took everything. It was just the kids, the kids, the kids. And we never had things for ourselves." Pam did not breast feed her children, because she "figured it was a lot of me to give to these kids, and if I breast fed that was the less (Ron) was going to do to take care of them." Pam felt quite certain that because of her feelings towards children in general, she would not "bond" with the surrogate baby. She also seemed aware, however, that her simple dismissal of this bond did not fully account for her complicated and conflictual feelings about children. While she said "I can't stand kids, period", she added "I love these kids (and) if anything happens to them I go wild". Ron concurred with this and explained how worried Pam is about the children when he takes them on camping trips. Pam noted that she would consider having another baby if she had the money for

someone to come clean the house and take care of the baby. She knows this is unlikely though, and concludes that "we're satisfied".

Pam approached her children about the surrogacy by explaining that they would "get something out of the deal." She notes that both of her children "lack at times", and they know what it is like to not have things. Ron and Pam are much better off financially now, but when she was a surrogate, her children "... knew that with this amount of money they were going to have things." Pam could not think of anything that her children wanted in particular, but she explains that they used to be "lucky if they got a pack of gum to split for a week." In retrospect, Pam feels that one of her daughters had "a lot of resentment" because "her mother was taken away from her." It is unclear whether Pam feels that this resentment was only towards the baby or also, in part, directed towards her. Both children held the baby at the hospital, although Pam's 5-year-old did not remember doing so. After the baby was born, the entire family was relieved that Pam was going to be all right; and Pam treats the surrogacy as out of sight, out of mind. Pam and Ron planned to use the fee for a down payment on a house, but they decided to splurge with some of the money and took the family on a trip to Disneyworld.

Family Background. Pam grew up as the second child of six. She has one older brother, a younger sister, two younger brothers, and a much younger sister who was born when her mother was in her 40's. Her brothers are both married, and her sisters still live at home with her parents. Pam's mother was very ill with cancer at the time of the interview, and Pam expected that her mother would die in the near future. The cancer was diagnosed only one month earlier, but it had already spread to her "head, liver, and lungs." Pam said, "It's a day by day thing."

Pam describes herself as "daddy's little girl". Her father taught her "all of the things that he should have been doing with (her) older brother", such as hammering and



nailing in the basement and outside. It was no secret that her mother resented this and was angry that her husband favored Pam over the other children. Pam feels that she is still "daddy's little girl", and she states that it currently "puts me in an awful bad predicament with my brothers and sisters". She explains that her father told her the previous week that he didn't want any of the children other than Pam to see her mother in the hospital. Sarcastically, she adds that she is her father's favorite except for her teenage sister "who is God's gift to the world". She describes this sister as "spoiled rotten, miserable, inconsiderate" and says that she "could go on forever". Pam seems pleased with her position as her father's favorite, and she laughs as she talks about her superior carpentry skills in comparison to her brothers. She wonders if perhaps her father spoiled her because she was the only one who took an interest in him. Pam remembers one birthday in particular when her "father came home from work, and he had crayons and coloring books and all sorts of little presents" for her. She comments that "he never did this for any of the other kids, just for his little girl. And that must have really dug in her (mother) bad."

Pam feels that her childhood relationship with her mother was primarily characterized by her mother's jealousy of her. While Pam chooses the word jealousy, I think accurately, she does not describe herself as in competition with her mother for her father's attention. Instead she cites her mother's anger with her for taking her father away from the other children, thus avoiding any of the issues between her mother and her. It is almost as if she cannot acknowledge having competitive or resentful feelings towards her mother, or her mother having them towards her, even though she seems to have some sense of this as indicated by her choice of words. She feels that her mother was critical and did not appreciate her attempts to help around the house. "I did the dusting, the vacuuming, and the dishes . . . since I was 10 years-old", and Pam angrily describes having to vacuum around her sister's legs while her sister watched television. Pam sees



herself as her mother's scapegoat: "I was the one that got picked on. None of my brothers, not my sister, me. Even though I'm the little angel around the house doing all of the work, she picked on me because my father . . . (she trails off)".

Pam recalls that she was a very shy child and would frequently cry at school. She says, somewhat bitterly, that her family thinks "it's hilarious." She was a "wallflower" with few friends, but her mother told her that this was because she was "a snob". Almost as if she is still protesting, she says that she was not a snob, and that she had a "very bad inferiority complex". She describes herself as a young adolescent as a little overweight and "homely". She remembers being laughed at by schoolmates, and she incredulously adds "and then your mother wants you to talk to them?" In contrast to this, Pam feels that both of her parents were very proud of her for being the only child to attend college and work at the same time. She feels that she ". . . was the only one who became anything". Her brother later got a "fairly decent job", but her eldest sister had drug and alcohol problems as a teenager and became a ward of the state. Pam sides with her parents and describes how she would sit up at nights with them wondering when her sister would come home. She states that while her sister "was a derelict", she went to college.

Ron was the first man that Pam dated seriously, and they were introduced by Pam's brother after Pam graduated from high school. Pam describes Ron as sweeping her off her feet: "He just come down one night loaded to the gill and said he was going to marry me." Ron adds playfully, "I was much thinner and nicer looking too." During their courtship Pam became pregnant and miscarried, and she became pregnant with her first daughter after they had been married for one month. Pam's parents "disowned" her when she married Ron and refused to come to the wedding. Pam feels this is because "they didn't want me to get married, they didn't like him, they thought I could do better, (and) I was too young." She thinks that her mother would have attended the wedding but was hesitant to go against

her husband's wishes. Pam tries to rationalize her father's refusal to attend the wedding by explaining that he is a religious man who does not believe in divorce. Because he anticipated that the marriage would fail, he did not want them to be married by the Catholic church. Pam oddly reasons that her father might have attended the wedding if they had been married by a justice of the peace, and the marriage "hadn't been blessed by the lord per se". Her parents eventually accepted the marriage after the birth of the first grandchild. Pam recalls that "they came over one afternoon. I was crying; I was really depressed. We didn't have any food in the house; we had nothing to feed the baby. They came over and scooped me home, and they said that we should both live with them. And they accepted him then. Grandchildren do that to them I guess."

Pam implied that the marriage has been rocky for many years, but stated "that's a whole-nother book". She describes herself as "a very wandering type of person", and sees Ron as patiently waiting for her to settle down. She feels that the marital troubles are "never him" and always her. She attributes her dissatisfaction in the marriage to her never having had an "avid social life" as a teenager. As she became older, she lost weight and found, to her surprise, that men were attracted to her. She wondered to herself "why did I get married, maybe I could have gotten something better." After being separated for 18 months during the insemination and pregnancy, Pam decided to give the marriage one more try. Pam thought that after the birth of the baby maybe she "could learn to settle down or calm down".

In recent years, Pam has become very close to her mother and describes her mother as "a good friend of mine and a mother both". She takes her mother everywhere since her mother doesn't drive and feels she can tell her anything. Ron notes that Pam's father, her sister-in-law, and he are all very worried about Pam in the aftermath of her mother's death. He feels that Pam tends to bottle things up, and he is concerned that she won't say anything

and will then "go off the deep end". In order to be certain that Pam is not denying her feelings, Ron says that he "won't let her forget". Pam anticipates that her father will count on her for "95% support", and she says she has already bought a dark dress in preparation for the funeral. She states, "Some people think I'm cold, but hey, when the time comes, I want my time to mourn her. I don't want to have to worry about trying to find something to wear."

Pam's parents disapproved of her surrogacy. She thinks that her parents have "old beliefs", and that they feel "you just don't have a baby and give it away or sell it or something like that." She feels that this belief was especially true of her mother who did not want anyone to know of Pam's pregnancy. Pam told her mother, "You can't hide me . . . in a box for 9 months. Sooner or later (people) are going to know." Pam states, "I just told them that's what I was going to do and basically did what I wanted to do. That was it." Pam notes that this is her typical style; but she remembers, as if thinking about her mother's wisdom, that her mother also said "from day one" that she should not have married when she did. When Pam became ill early in the pregnancy, her parents concern for her health overshadowed their objections. Pam feels that her mother was basically the one who "took (her) in and took care of (her)." Interestingly, she blends together the two memories of being rescued by her mother when she was pregnant with her first child and when she was pregnant with the surrogate baby, so that for a moment it is impossible to tell which pregnancy she is describing. Nothing is said about Pam's surrogacy now that it is over, although Pam thinks that if the pregnancy had not been so traumatic, "they maybe still would have talked about it to this day." She reminisces that it was "like a nightmare to them", and "an 8 minute ride to the hospital could have been too long--I could have bled to death." In her typical style, she concludes, "it's over with, they helped me through it, I'm fine, and that's it."



Wishes for the Future. Pam's wishes for the surrogate baby in 20 years are: 1) that she is not married because she thinks that no one should be married until they are 25; and 2) that she has a good education so that she'll have "something to work on" and "somewhere to go". Ron added that he would like the baby to have a happy and fulfilled life, but Pam disagreed saying "21 (years-old), no you're just starting to live". Pam states that "it's no big thing" whether she sees the baby or not in 20 years. She worried, however, about the way this sounded: "You make me talk about it, you make me sound very cold. How can this woman not care and not want to see her baby. I just hope that baby's happy. As far as I'm concerned . . . that baby will have everything it needs." At the end of the interview, she reflected on how "ecstatic" the couple was and how special this made her feel. She concluded, "At first it was the money, but afterwards it was just--I felt great that I did that. I wouldn't have done it without the money. I took a big risk on my life, on my kids' life with me. . . . I think you should be paid."

Formulations and Projective Test Data. In thinking about Pam's surrogacy, I am reminded of the final scene in the movie version of The Wizard of Oz. Dorothy, surrounded by all of her loved ones, reflects that if she ever wants to be adventurous again, she will go no farther than her own back yard. Pam's original thoughts and fantasies about what being a surrogate mother would accomplish are overshadowed by her tumultuous experience, and she seems to have decided to put these dreams aside.

Surrogate motherhood was initially a way to get that "something better" in life. Her description of the couple provides a clue to some of her fantasies: they are "rich", "very respectable, neat, clean" and "they have a lot of class". It appears that Pam initially had hoped that surrogacy would bring her independence and a way out of her current situation-- independence in her marriage, financial independence, and independence from her parent's "old beliefs". As a child, Pam did not feel her efforts were appreciated by her mother, and



perhaps she imagined that by having a surrogate baby, not only would she be appreciated, but the couple "would pay" for their appreciation. These, however, turned out to be dangerous thoughts when she became ill.

Although Pam presents herself in a tough, independent, almost "devil may care" manner, the flip side of this is readily apparent, and it appears that she employs this style to counter her intense need for dependence. All of Pam's forays into independence have resulted in her returning to a safe and familiar state of dependency, and both her parents and her husband serve as comfortable anchors in her life. Her husband waits patiently for her to "settle down", and he is clearly a nurturant and protective figure for her. When she isn't trying to "separate" from him, she relies on him for a great deal of help. He playfully helps her figure out the birthdate of the baby, almost like a mother helping her toddler to remember his age. As an adult, Pam's parents have rescued her when she could not count on her husband. Her blending of the memories of returning to her parent's home while pregnant, suggests that, on some level, the two incidents are the same in her mind. Of course, Pam could not have anticipated her difficult pregnancy with the surrogate baby; however, we see that a familiar theme is being repeated in an almost uncanny way.

Pam's pattern of attachment from the projective test data indicate that she is strongly anxiously attached. Anxious attachment patterns arise when a person is worried about the unavailability or unresponsiveness of an attachment figure. This pattern is not unusual, however, when faced with a serious loss, as Pam is with the impending death of her mother. Because of this, it is not clear whether Pam's concerns about attachment are in response to current circumstances or whether they are more longstanding in nature. While it is impossible to determine whether Pam would maintain this style under different circumstances, her history does suggest that she struggles with issues of dependence and independence, and attachment and separation.

Pam has almost no positive memories of her mother until she was well into her adolescence, and Pam feels that no matter what she did to try to please her mother, her mother remained jealous, angry and critical. Pam sees herself as the misunderstood, "little angel" who continually tried to get her unavailable mother to notice and appreciate her. Pam's mother appears to have been unable to see Pam's feelings and difficulties as separate from her own, and as a result Pam's problems aroused extremely conflictual feelings in her mother. For example, when Pam confides in her mother about her troubles at school, her mother is unable to be empathic in any way, and she tells her that it is because of her snobbishness. It is almost as if Pam's failure at socializing has evoked her mother's own sense of failure so profoundly that her mother must defensively distance herself by telling Pam that it is her own fault. Pam's fear of this lack of support is echoed in her experience as a surrogate mother; she states with relief that the couple did not say, ". . . so you're out of work, big deal. It's not my fault." Clearly Pam's being out of work is connected to the couple, but in her experience she anticipates that this connection will be denied. While Pam's father was able to provide the support that her mother could not, this was at the expense of further alienating Pam from her mother and siblings. In addition, it appears that Pam's father could also not tolerate Pam as a separate individual with her own interests and problems. He taught her to enjoy what he enjoys--carpentry--and when she began to turn her attention to other things and to other men, he rejected her.

It is not surprising that Pam's sense of attachment in relationships is tenuous. Her parents become only truly supportive, when Pam is also able to support them: both parents need her support in fending off any sense of failure with Pam's "derelict" sister; Pam's mother literally relies on Pam to get things done, such as shopping; and Pam anticipates that her father will rely on her "95%" after her mother dies. Pam's assertions of her own wishes and desires have not been well received by her parents, and in this light, her need to

return to her parent's home to be cared for after attempts at independence makes perfect sense. Unfortunately, the lesson Pam has learned is that the desire for independence and change is dangerous and potentially deadly, and she responds to this danger by squelching her fantasies. She was unable to create any stories in the projective test, other than to just comment on how the people looked. For every picture, she thought that the people looked sad and unhappy, but concluded that "they'll adjust". Her response to one picture seems especially telling: when she looked at the picture of a little girl running away, she said, "I used to think about running away from home." Immediately, she added that the girl "looks like she's going to fall because that tree looks like it's got a few more feet down there." When asked what would make the girl want to run away, Pam said, "Oh God, you just never know. Looks like she's old enough to argue. She had a fight with her parents; she looks scared." Like Dorothy, in The Wizard of Oz, Pam has learned that the wish to get away, to change, or to be independent, can have disastrous consequences, such as falling from a tree or having a terrible pregnancy, and that it's best not to entertain these scary ideas. Thus, surrogacy for her has only repeated a familiar theme. Pam's wishes for the baby are for independence: she hopes that the baby won't be married and will have "something to work on and somewhere to go". In a way, Pam can leave her fantasies with this baby, and by not wanting to meet the baby, both Pam and her dreams will be safe.

### **Case 3: Ann**

Ann is a 38-year-old divorced woman who lives in her own home with her younger brother, her 6-year-old son, and 4-year-old daughter. Ann had given birth to the surrogate baby just over a year prior to our meeting. Both children were home during the interview, and her daughter, Nina, periodically came in to listen to us talk. Nina played quietly with an abacus as she listened to her mother describe her family background, but she became



increasingly noisy and disruptive when her mother began to talk about her troubled adolescent years. Ann ignored the noise of the abacus beads being slapped against its frame, and she, in fact, seemed oblivious to it. Her unawareness of her daughter at this point was in stark contrast to her obvious concern and attentiveness to the children throughout the rest of the interview.

Ann is a very articulate, psychologically-minded woman who speaks extremely rapidly and provides an abundance of information. This quick, thorough style set the pace of the interview, and as a listener, it was easy to feel swept up in the flow of the conversation without much control. At the outset, she wanted to know if she should just talk about her decision to become a surrogate mother or if I had a "structured form". Almost before I could answer, however, she said, "I'll just start at the beginning". When Ann described upsetting feelings or experiences, she spoke even more quickly and began to laugh nervously. During these times, it was nearly impossible to break into her stream of thought, giving me the impression that she needed to control the pace of the conversation because it was the only way she could modulate the intensity of her feelings.

Reason for Becoming a Surrogate Mother. Ann first heard about surrogate mothering in the early 1970's. She was working as a "mother's helper" for a family in which the husband, a medical doctor, and wife, a psychologist, worked as a team of "family" and "sex counselors". She remembers that they would have discussions about fertility issues, and "they threw out once, 'well would you have a baby for someone?'" Ann describes herself as "semi-hippy at the time" and "open to new kinds of ideas", and she thought, "what a great idea! I'd love to, but I can't." She was amenorrheic at the time, which, as described below, was later influential in her decision to become a surrogate. Ann is the only woman in this study who had not decided to become a surrogate before contacting the agency. She read about the agency in the newspaper and called out of



curiosity. She became increasingly interested as she spoke to the agency, and after much thought, she decided to become a surrogate. Ann sees herself as "a little bit of a participant observer of the things I do in life", and she said that she thought about being a surrogate in the "same way".

Ann cites many reasons for wanting to be a surrogate mother, and it is clear that she has thought extensively about her motivations. She began by describing being amenorrheic for 7 years and telling me about her extensive efforts to "regain her fertility". She remembers feeling "horrible" about her inability to conceive since she "was macrobiotic at the time", which she describes as "a subculture that put(s) a lot of emphasis on the woman's role in the home." While she is now critical of this perspective, she recalls that she "felt like (she) wasn't a woman" because "the woman is the cook and the child bearer", and she could not have children. Ann notes that this was also a model from her childhood. She had expected that she would "get married, live in the country, have a fairly simple life, and have four kids." She loved the idea of a big family, and she adds that Cheaper by the Dozen was her favorite book.

She explains that when she did regain her fertility, she was "pregnant well"; and she finds herself in a constant internal battle over wanting more children but simultaneously feeling that it is unrealistic for her at this point in her life. In a rapid-fire-way, Ann further explains another one of her reasons for being a surrogate was that her deliveries were precipitous. She had strong, hard contractions "that came on . . . very suddenly, very harshly." Emotionally, she felt it was a "horrible experience", and she states that she "was not at all prepared for the pain and the big emotional turmoil that goes on in child birth". She sees wanting to have a "good birth" and to be "confident about giving birth to babies" as a clear reason for being a surrogate. Ann feels that the money was also a motivating factor, and she thought that she could earn money while staying home with her children.

Because the money is not disbursed until after the baby is delivered, however, she had to work full-time while pregnant. Ann summarizes that she became a surrogate because: 1) she had "that compassion" for infertile women because of her own infertility; 2) she had some money issues; and 3) she wanted to have a baby.

Experience of Becoming a Surrogate Mother. Ann feels her pregnancy and delivery went well and that she accomplished her goal of having a "good birth". In describing her experience as a surrogate, she juxtaposes the "literal leap of faith" it took for her to become a surrogate and her control throughout the entire process. She recalls that she needed to come to terms with two issues before she decided to commit herself to becoming a surrogate: she needed to believe that the couple was doing this in good faith and that surrogate mothering was not "akin to being a prostitute". She feels that she could only resolve her doubts about the couple by trusting that their intentions were good and that they would make good parents since she did not meet them until after the delivery. She resolved her second concern by coming to the conclusion that her connection was not between the biological father and herself, but rather it was with the adoptive mother. She now bristles when she hears "other people say how it's slavery and once again it's men, bla bla bla, using women." She emphasizes ". . . it wasn't anything to do with me and him; it's me and her." "The connection is with the woman", and "it's a gift between one woman and another."

After she decided to become a surrogate, Ann feels she was in control. She conceived on the first insemination attempt, because she "knew that (she) was fertile" and she told the doctors that "this is going to work." She laughs as she remembers that the couple sent her french pickles and Godiva chocolates when they learned that she was pregnant, and she notes that she normally does not eat these kinds of foods. In order to prepare the baby for a family that "does eat sugar and more American foods", however, she

changed her eating habits during the pregnancy to insure that the baby "was not going to be allergic to everything and not fit into (the family)." Ann proudly recalls her delivery from the minute she entered the hospital:

"I smiled, said 'how are you?', went back to the room and said 'you better get the midwife right away and I don't think you have time to put on the monitor. I'm going to push next contraction'. I told them all along just what was going on. I was in control I let out some screams as I was pushing the baby out and that was the only sense of not knowing what was going on and any sense of being out of control."

The baby was born 19 minutes after she arrived at the hospital. She thought to herself after the delivery "Wow my mission is accomplished, I had a good birth." Ann met the couple for the first time in the hospital, and she feels that they were "generous" in telling her how happy they were. She states that she liked them immediately and knew that if they lived in the same neighborhood they would be friends. As part of the contract, Ann stipulated that she wanted to nurse the baby in the hospital, and that she would "get to express milk and send it to the baby until (she) want(ed) to wean." She explains that "being pregnant is nice, but nursing is nicer", and she pumped breast milk for a month until she decided it was "time to wean (her)self". Ann recalls with delight, her great abundance of milk and her realization of why her babies have all been fat and healthy.

Ann said that she had no bond to this baby like she did when she was pregnant with her own children, and she never thought of keeping the baby. She felt little to no grief relinquishing the baby until a year later when she found herself inexplicably depressed. She began to cry "almost out of the blue" and came to realize she was crying about the baby. She feels fortunate to have a supportive boyfriend whose response was "I was wondering when you were going to do this." She now feels the process of surrogating is "bittersweet", and there is both joy and pain in the process. She notes that the pain is, in



part, the recognition that she will probably not have any more children. She is clearly torn, however, and she describes both wonderful babies are, yet how tired she is of "everyone going 'ooh ah ah' when they see a baby". She sees herself becoming increasingly cynical about child bearing, and she feels that "young people's" thrill about babies is merely "self thrilling" as though "the baby is so that they can enjoy something". On the other hand, she feels unable to decide not to have another baby, and says "I'm not willing to graduate in that sense".

Ann stated that her children were wonderful throughout her surrogacy, and she was pleased that they saw the baby as "mama's baby" and not "our baby". She explained her decision to become a surrogate by telling them that she loved them so much she wanted someone else to be that happy too. Her eldest, who at 6 years-old is a "little more aware", said, "but Mom, how's it happening?" Ann explained "how the scientist had put the seed in and that it's growing in my tummy". She feels her children "were very proud of that baby". Ann's ex-husband, on the other hand, was very against her surrogacy, and they entered counseling while she was pregnant to resolve some of their ongoing difficulties about the divorce. Their last session, which Ann describes as "cathartic", was the night before she delivered, and she felt that when her waters broke, it signified some kind of "emotional healing". While Ann describes this as an emotionally freeing experience, she notes that her sense of loss about the baby has intensified as she has begun to cope with issues of loss in her marriage. Her husband has become seriously involved with another woman, and when her children talk about this new mother figure, Ann feels sad and angry about her lost relationships, including the loss of her relationship with the baby, the loss of the relationship that she never had with her husband, and the potential loss as the only mother figure to her children.



Family Background. Ann grew up as the middle child of three with her parents and two brothers. Her parents are Mid-westerners, and she feels that she grew up with a sense of solid, midwestern ethics--"you work hard to get what you want, and all people are created equal". Education and community service were highly valued in the family. Ann describes her father, a physicist, as a "largely typical father of the time, not very available". He went to meetings every day and always seemed to be working. On the other hand, she fondly remembers working in the yard with him, and that he would pay her to pick dandelions from the lawn. She feels that "he was always a positive figure", and felt closer to him than to her mother. She would "sit on the potty and talk with him" while he shaved, and she happily recalls this "intimate time". She has carried on the tradition by creating an "intimate time" ritual with her own children. Ann feels that her father and she "think more alike" than her mother, and she recalls being told that she "thought like a man" by several people both in and out of the family. At the same time, however, she was told that "you'll make somebody a wonderful wife" because she liked to cook, sew and baby sit. She feels that the "two sides of the line " are still in conflict for her.

As a young child, Ann describes her relationship with her mother as "very trusting", and she describes herself as her mother's shadow. "I didn't talk as a child, I would just do things beside my mother. I have that clear memory of just watching my mother do things while by her side." She saw her mother as her "moral teacher" and "model" of what she would be like when she grew up. As a slightly older child, however, she remembers her mother as "controlling": her mother was the one who made Ann cut her braids when she went to camp because she couldn't take care of them, the one who put Ann's dog to sleep while she was gone without saying anything about it, and the one who would read Ann's diary as a teenager. She feels that her mother was "very judgemental" and always correcting, improving, or fixing something. She was the one to "poke in"

Ann's belly, knock her elbows off the table or tell her to sit up straight. Ann notes that, unlike herself, her mother is unable to relax or indulge in small pleasures such as taking a bath in more than 5 inches of water. Ann feels that she does have much in common with her mother, however, and she observed that they even carry themselves in the same way with "these jerky movements".

Ann feels that her mother and father were good as parents while she and her brothers were small, but "they botched up" as the children became teenagers because they didn't allow them to gradually take on more responsibility or to make mistakes. Ann was not allowed to see some boyfriends, and she feels that her response to this was to become physically sick. She had repetitive mononucleosis from the 8th grade on, and in the 10th grade she became very ill after her parents curtailed her relationship with a new boyfriend. Ann describes herself as depressed and lonely as a teenager, and she feels there were certain things about herself that she could never reveal to her parents, particularly around her developing sexuality. She recently told her mother about being molested by a teacher as an early adolescent, and she was disappointed when her mother responded, "well that's what happens to everybody growing up". As a college freshman, Ann was raped. In the interview, she spoke more about her mother's reaction than about the incident itself. Her mother's response was that "this is an experience that you'll just have to bury". Ann feels that her mother did not bury it, and that there was an underlying message of "You're a failure after all; your mother knows best. You should have always done what I've done, or what I've told you to do . . ." Ann dropped out of college after this and entered a self imposed period of celibacy. Around this time, she lost a great deal of weight, became amenorrheic for the next seven years, and had no sexual desire. She feels that holding a friend's baby in her middle twenties was the turning point of this stage in her life. She thought, as she held the baby, that "this is better than any meditation", and she began to

investigate several alternative medicine techniques to regain her fertility. During this time, she met and married her husband, but the marriage was very rocky. They were separated when Ann finally began to menstruate again, and they got back together just long enough for Ann to have two children. Ann moved out when her youngest was 9 months old. She feels the hardest things about separating were leaving the farm they had, "leaving the plants that (she) had planted", and wondering whether she would ever have children again. She did not describe feeling the loss of her relationship with her husband. Ann notes that she never enjoyed sex with her husband, but during her pregnancy with the surrogate baby, she found herself enjoying sex with her steady boyfriend for the first time in years.

Ann's parents disapproved of the surrogacy, and Ann feels that they thought "why are you doing something crazy (when) you're finally getting your life settled?". She described them as ultimately accepting her as a daughter no matter what she did, but she feels her mother was quite critical of her. For example, her mother asked her if she felt like a cow when she was pumping breast milk. Ann was surprised when her mother referred to the baby as her granddaughter, and she states that "it never dawned on me that they would see this as any connection to themselves." Ann had been telling her mother how happy the couple's parents were and asked her mother "can you imagine how happy they are?" Her mother responded, "yes, can you imagine how we feel?" Ann feels that her mother finally accepted the surrogacy after reading a letter from the adoptive mother. Her mother said, "Ann, it's wonderful, you ought to write a book", which Ann explains was her mother's typical expression of approval. Ann summarizes that her parents taught her to do what "you're supposed to do", but they did not inspire confidence in learning to do what you want to do. Ann states,

"One of the things I did as a surrogate is that, hey I knew that they weren't going to approve, and . . . I wanted to do it and I did it. . . . There are lots of things that I have planned to do and then didn't do because I got to



thinking as my parents would think. . . . I really have a lot more sense now that if I want something, just because I want it, I can do it. It was one of the ways that I was born by having the baby born."

Wishes for the Future. Ann's 3 wishes for the baby in 20 years are that the baby "will come back and then we can talk. That's number 1, 2, and 3." She notes that adopted children have the right to come back, and that the couple or the agency will always know where to find her. She seemed sad as she thought about this, and she said that she'd always hoped that she could meet the baby in the future. ". . . I thought in 20 years we can be friends because the child rearing will be behind. And I've looked forward to that."

Formulations and Projective Test Data. Ann has clearly put much thought into the complexity of her decision to become a surrogate mother. She links her motivation to become a surrogate and her experience as a surrogate to her past and present relationships, and she articulately describes how her surrogacy served to help her develop a sense of autonomy and competence. Ann, in fact, has thought so much about the overdetermined nature of her surrogacy that when she discusses her experience, what is most striking is that she has covered every base. She appears open and honest with every aspect of her surrogacy, but this openness is elusive. In talking with Ann, it seems as though she presents all of her feelings and all of the data not to increase rapport with the listener, but rather to make sure that no one gets too close too soon. It is almost as if she does not want to be caught off guard by having something noticed about her that she has not already thought about and prepared herself for in advance. In addition, while Ann articulately elaborates her feelings, she seems to be a "participant observer" in relation to her own emotions. She explains what and how she is feeling, yet she does not seem to be experiencing what she describes. At the same time, however, Ann seems to desperately want to have all of her feelings accepted, appreciated and understood. Occasionally, she appears surprised by the extent and intensity of her feelings. During these times, she



experiences her emotions like an uncontrollable flood, which she can only contain by talking faster and faster so that she can collect herself before the listener notices or can say anything. Her all encompassing style thus serves to both let others know how she is feeling in the hope that they will understand, but to also defend herself against being caught unaware.

Ann's style of attachment in relationships, according to the projective test data, is to be extremely self-sufficient. While she appears to be friendly and close, this intimacy is ultimately superficial, and it is easier for her to detach herself from relationships than to endure the vulnerability she feels when she allows herself to truly establish closeness. Ann detaches from the pain of separation experiences by finding other creative outlets for her feelings. While this type of sublimation can be very adaptive in dealing with difficult emotions, Ann's excessive reliance on finding alternative routes for her feelings prevents her from experiencing any disturbing or upsetting affect even when such feelings would be appropriate. Midway through taking the Separation Anxiety Test, Ann flipped through the book of pictures and found the title page and directions to the examiner. She read the title aloud and said, "I'm not very good at separation." In a way, Ann's detached style suggests that she is perhaps too good at separation, yet her comment suggests that any experience of emotions while separating makes her feel incompetent, ineffectual and "not good at separation". When faced with separations, then, Ann must overcompensate by always finding ways to adapt and turn bad situations into good ones to avoid experiencing herself as a failure. Ann comes closest to allowing herself to experience certain feelings by empathizing with others, and it is only by treating herself like a subject, through her style of participant observation, that she can express and describe her own feelings. Thus to empathize with the adoptive couple's childless plight is perhaps a vehicle for Ann to express her own feelings via the adoptive mother.

Ann notes that her worry about expressing certain feelings and desires is clearly linked to her childhood. She did not feel understood in her parents' home, and she describes herself as having to keep her true feelings hidden for many years. Ann portrays her childhood as blissful and safe until she began to be old enough to do things on her own, like go to camp, and have her own thoughts and feelings that, for example, could be kept secret in a diary. Although Ann is confused about why her parents found her growing up to be so unbearable, she is clear that her parents became increasingly controlling just at the point when she should have been allowed more independence and responsibility. Ann is well aware that sexuality was a particularly dangerous feeling in the family, and to deal with this troublesome affect, she repressed any expression of her sexuality with sickness and amenorrhea. Ann alludes to her mother as being particularly uncomfortable with sexuality, to the extent that when Ann asks for understanding as an adult, in her rape and in her experience of being fondled by a teacher, her mother is completely unable to respond. When Ann's mother suggests that she will have to bury her experience, Ann understands this to mean that she should bury all sexual feelings, and sexuality is equated with failure. Even when Ann is married and hoping she will be able to become pregnant, she continues to separate sexuality and fertility. Artificial insemination as a surrogate is, in an odd way, a perfect solution to this dilemma; by concretizing her mother's lesson, she is able to be simultaneously compliant and independent. She herself notes that when she finally became independent of her parents' judgements by becoming a surrogate, she was at long last able to enjoy herself as a sexual being.

Ann is aware that, in many ways, she is like her mother, and she seems to be uncomfortable with some of the parallels she sees in herself. She thinks that they both move in the same nervous way, and she would like to see herself as more comfortable and fluid in the way she carries, and ultimately feels about, herself. She describes her efforts to

distinguish herself from her mother in minor ways, such as her ability to take pleasure in a bathtub full of water. She seems proud that she has learned to be able to enjoy and indulge herself in this way. When asked about whether she felt her decision to be a surrogate was influenced by the way in which she was parented, Ann felt that it definitely was:

"When I made the decision it was sort of in spite of them, because I knew that they would disapprove of this. And in a way (it) was a technique to free myself from some of their judgements and their expectations. But (it was also) just believing in family life. I grew up with a good family life, and I believe in family life. My mother was a mothering-mother, and I'm a mothering mother too. I like mothering. . . . yeah, it influenced me."

In becoming a surrogate, Ann has found a way to both distinguish herself and be independent of her mother, and to feel positive about the ways in which she and her mother are alike. When her mother takes Ann's becoming a surrogate personally, by seeing the baby as her granddaughter, she is right on target. Her mother seems aware, on some level, of Ann's need to "free (her)self". But in her independent act, Ann also hopes to establish a new relationship with her mother in which they can both be themselves. She needs, however, to have some control, independence, and responsibility in the relationship. As a surrogate mother, she can work this through with her own "surrogate mother", the adoptive mother, by stipulating that she "get(s) to express milk", a lot of it, until she feels ready to stop. Her wish for the baby is to talk and become friends "because the child rearing will be behind"; this is also a wish for her mother and herself. In identifying with her mother, however, Ann must come to terms with ways in which her mother has failed, and begin to integrate her ambivalent feelings about what she did not get as a child. This is bound to evoke a sense of sadness and loss, and as her relationship with her mother changes, she experiences depression and loss with the baby for the first time. While this is a painful experience, it is also a positive one. Ann has finally begun to be able to express feelings that she has long had, but no longer wants, to keep secret.



#### **Case 4: Marie**

Marie is a 30-year-old woman who lives with her husband and children in a new suburban house. She lives 20 minutes from the town in which she and her husband grew up, and she is primarily a housewife and mother. Marie gave birth to the surrogate baby six months before the interview, and she proudly showed me her photo album filled with pictures of the delivery, the baby, and the adoptive couple. Marie has 2 daughters (ages 5 and 10) and one son (age 6). All three children were home during the interview, and they were eager to talk about their experiences of holding the baby and getting to know the couple. The two younger children freely entered into our conversation, asking their mother questions about the baby and pointing out their favorite pictures. Marie's older daughter was more reserved and seemed protective of her mother; she was quick to help Marie with the other children or in the preparation of lunch without being asked to do so. Marie's younger daughter made frequent comments about her mother being overweight, and although Marie looked embarrassed, she did not try to stop her daughter's insulting remarks. Marie said that her husband was very curious about the interview, and he wished he could be "a fly on the wall". When I first contacted her, she had entertained the idea of meeting at a time he could be home, but she decided against it.

Marie said she was nervous about the interview, and she seemed to want to be friends immediately without the usual tentativeness of getting to know a stranger. It was clearly important to her to know if I accepted and approved of her in a number of ways. She wondered if I would like a special family recipe, and she hoped that I would go swimming in the family's new pool. At one point, she wondered if I would consider using a surrogate mother, but she quickly became embarrassed and said it was "none of (her) business". Marie describes herself and her husband as private people who keep to



themselves, but she did not at all seem hesitant to talk about her feelings and experience as a surrogate mother. In fact, she seemed tremendously pleased to get a chance to talk about her surrogacy, and she seemed disappointed to end when the interview was finished.

Reason for Becoming a Surrogate Mother. Marie became interested in surrogate mothering 10 years ago after watching a movie about surrogates on television. She had just given birth to her oldest child, and she thought it would be "nice to do that". She is somewhat unclear, however, about just what it was that interested her; she has "just always been interested for some reason". Like all of the surrogate mothers in this study, Marie went to great lengths to find out about the program, and she wanted me to have a voluminous file that she had compiled over the years, containing articles and information about surrogates. Marie notes that many "girls would say they do this because they like being pregnant", but she feels that this was not a motivating factor for her. She does, however, "like the birth part", and she seems to particularly enjoy the intense emotionality of the experience. "Nobody is sad, everybody is happy, it's the thrill of making somebody happy". She stresses that she was not motivated by the money.

Experience of Becoming a Surrogate Mother. Marie wrote to the agency after reading about it in one of her articles, and she was pleased that the agency contacted her within the same week. Marie reports happily that the agency encourages the surrogates to use their own doctors and hospitals which "was nice because (the couple would) have to come here for me. I don't have to go there, which I wouldn't have done, I don't think." Marie met with the agency, and she proudly explains that because she was already committed to becoming a surrogate, she completed the necessary physical and psychological tests in record time. Marie's husband was "hard to convince at first". She recalls that he said, "Are you sure you want to do this, maybe you should just cool it. It isn't necessary. You already had your kids, why do you want to go through it again?"

Marie persisted, however, and read her collection of articles to her husband who finally agreed, "well if you really want to, OK." Marie met with one couple who she felt would have been fine, but they were uncertain about using a surrogate since they were moving across the country. In retrospect, Marie is happy that she did not surrogate for them, because it would have been impossible for her to get to know them personally due to the distance.

Marie became very involved with the couple, and she feels especially close to the adoptive mother. The adoptive mother attended all doctors appointments with Marie, and towards the end of the pregnancy they saw each other weekly. The two families exchanged gifts during the holidays, and Marie notes that "they could be like my sisters or something." Marie feels that this pregnancy was different from her other pregnancies in that she was much more cautious. She notes that "somebody was counting on me to do it right", and this pregnancy was even "more special" than her others because this was the couple's "only chance". If she had been pregnant with her own child and something went wrong, she feels that she could have always become pregnant again. During the pregnancy, Marie worried that if anything happened to the baby, the couple would be "devastated", so she was "scared to take . . . chances". She was particularly attentive to what she ate, and she took extra care not to walk on ice or to lift things. Marie adds, with a sparkle in her eyes, that the doctor said it was "OK to fool around" throughout the entire pregnancy. Marie was surprised that her husband was also cautious, and she laughs about his hesitancy to rest his head on her belly as he had done with her other pregnancies. She feels that he was especially attentive to her, and she was "thrilled" that he was so supportive. Marie remembers that when the baby first moved, she was relieved, and she thought to herself, "Oh good, everything must be fine; the baby must be healthy." She

never felt that the baby was hers like she did while pregnant with her own children, and she states "from the very beginning I knew that this was their child and I was taking care of it."

Marie "wanted to be honest" with her children about being a surrogate from the beginning, and she feels it was "lucky" that her children were "young enough that they didn't have their own set mind". She decided to tell her oldest, who was 8, about "the birds and the bees" at this time, and she was surprised that her daughter was interested and "really seemed to understand". Marie was relieved that she had explained the birds and the bees "the right way", and she astutely reflected that children are very aware of their parent's attitudes towards sex which influences how the child will come to view his own sexuality. She feels that her daughter "picked up on" her positive feelings about sex, but she states that for some reason she is still afraid to "talk about the details" with her younger children. When I asked if she remembered what her oldest daughter said about the surrogacy, her younger daughter chimed in, "I doubt it." Marie said, "I doubt it too", but she remembers that "she agreed that it would be nice to make someone that happy". Marie told her other children that she was pregnant and having a baby for the couple, whom they had met, but "that was as far as it went". When the baby was born, Marie remembers that the younger ones said, "Oh what a beautiful baby, and that's yours and that was in your belly, and that's their baby."

Marie feels that her delivery was an exceptionally moving, happy time. She remembers that when they left the hospital, the adoptive mother "had tears in her eyes, she was so happy, and she said, 'thank you'." Marie also had tears in her eyes because she was "so happy for them". Marie conveys a deep sense of respect for the adoptive mother, and she is certain that this woman will be a good mother. She feels that the adoptive mother is:



"very down to earth, (and) she is a determined person. She knows what she wants, and she'll work hard to get it. She's going to give her kids independence, and she'll teach them. She's a good teacher . . . probably better than me, maybe it's her age. She'll teach them about life, . . . she'll be a good mother."

Marie notes that the most difficult aspect of her experience as a surrogate was to say goodbye to the couple, particularly the adoptive mother. She was anxious to hear from the adoptive mother after the baby was born, and she laughingly recalled a conversation with the adoptive mother in which the adoptive mother was eager to talk about the baby and Marie was more interested in hearing about the adoptive mother herself. In the interview, Marie again pointed out that the adoptive mother was "like a sister real close", but then she thought that it actually felt "closer than a relative . . . and then it was goodbye." Marie became tearful as she thought about how much she misses the couple, and she says she feels "stupid" when she "gets emotional". She explains: "I think it was almost disappointing because I had told myself I wouldn't get involved and I did." In the beginning, she considered not meeting the couple, because she "was afraid of getting too involved", but "then (she) wanted to meet them to see what kind of parents they were going to be". When the adoptive mother said "we're going to have to break the relationship after the baby", Marie agreed, but she now feels "it was harder" than she thought. Marie notes that sometimes when she talks about being a surrogate, "it feels like I'm talking about someone else that did it." She states: ". . . now that it's over, it's like gee, it already happened. . . . I think it's hard to accept that I was a surrogate because I have no--I have memories, I see them and I talk to them, but it's, gee, I really did that."

Family Background. Marie grew up in a large, Catholic family with 9 children, and she feels that one of the big problems with her parents is that they had "all the children that God gave them, and they didn't do nothing." Marie's mother had a total of 14 pregnancies, but four ended in miscarriages and one baby died of cerebral meningitis when



he was 10 months-old before Marie was conceived. Marie is in the middle of the birth order. Marie says that she was very close to her mother, but upon further reflection, she describes herself as one of a bunch that her mother did not have time to attend to individually. She remembers that her mother "was always taking care of little ones". In describing her mother, Marie continually refers to her "parents", blending together her memories of her mother and father as though they are an inseparable unit. She feels that her mother was "an enforcer", and that her parents were very strict. There were no exceptions to the rules, and Marie remembers the dreaded daily regimen of each child having to practice his or her music lessons for an hour a day "no matter if we fought or screamed". She and her siblings were not allowed to have friends over because of the chaos it would create by adding even more children to the already crowded household, and birthdays were celebrated with family members only. Marie was jealous of her brothers who were allowed to join the Boy Scouts, and she feels that her parents did not allow any of the girls to join clubs because "there were too many of us". Marie and her older sisters were not allowed to go to dances or parties until their senior high school year, and because of this, Marie did not develop any close friendships other than with her sisters. Marie feels her parents wanted the children to grow up to be "nuns and priests", and Marie sees herself as a very "good girl". She was not rebellious, and she was the quiet one who never made waves. Two of her siblings were more rebellious, and Marie recalls with a devilish smile the havoc that was created when her sister decided to stop going to mass.

Marie feels that her father was also strict, but, unlike her mother, she was able to describe him as a person separate from his role as a strict parent. Marie's father was on the police force, and she describes him as a very taciturn man who expressed little emotion. She feels that she does not really know her father or what he thinks, and she states that "he's still the same. You go in the house, and he's sitting and reading or now he watches

TV." Because her father read so much, Marie notes that you could ask him about anything, and he was "like an encyclopedia". He never initiated a conversation, however, and Marie comments that "we almost don't pay attention to him. . . . It's kind of sad."

Marie states that there was never much physical affection in her family, and she was rarely touched or kissed. She playfully recalled one day, however, when she "felt like a queen". She was 6 years-old, and she was the flower girl for her aunt's wedding. She notes, "I was in one arm after the other and I loved it". It was the only time she ever remembers "being patted or comforted a lot", but she quickly adds that she did not miss it at other times. Marie was close to her sisters, and when she was young, she would turn to her older sisters for advice and comfort. As she grew older, she relied more upon her younger sisters with whom she shared her secret confidences. Marie's sisters are still her best friends, although her surrogacy has caused some rifts in her relationships with all but two of her sisters.

Marie seems to find it difficult to not remember herself as close to her mother, and she stresses that they became close when she was in her late adolescence. When Marie married, her parents were very pleased, and Marie relishes the memory that her mother cried at her wedding. She notes that her mother "probably cried at one more wedding, but it meant a lot to me because it meant that I meant a lot to her." After the wedding, Marie and her husband moved into the second floor of her parent's duplex, and Marie and her mother became very close. For the first time, Marie's mother shared stories from her own girlhood and confided in Marie about her marriage.

Marie very much enjoyed this new camaraderie until it was abruptly terminated several years later when Marie's husband had a vasectomy. Marie's parents saw this as a fall from grace, and they feel that Marie's drop in attendance at church and the surrogate baby are all connected to this. Marie notes that she "was almost disowned" when she had

the surrogate child, and her parents feel she is "damned". She wonders, however, if her mother might "bend her views somewhat" if her father was not so strict. No one in the family except one sister shares Marie's beliefs about surrogate mothering, and Marie feels this is in part due to her sibling's fear of her parents' rejection. One of Marie's brothers feels that surrogacy is acceptable if it is not done for the money, and Marie tells me of her agonizing decision of whether or not to build a swimming pool with the money. She is alternately angry with everyone for not understanding her and pleading for their acceptance. On the other hand, Marie likes that people are shocked by her becoming a surrogate. She states that everyone sees her as so quiet and would never think that she could do something so "revolutionary". She immediately adds, however, that she did not become a surrogate mother for attention.

After the interview, Marie wrote to me expressing her concern that she had portrayed her family too negatively. She reflected that her parent's refusal to try to understand her surrogacy bothered her more than she had thought, and it made it difficult for her to think about her positive childhood memories. In retrospect, she feels that she did have a "happy family", and she remembers numerous family outings to the park, to the beach, and to visit her grandparents. She enjoyed learning to bake and sew with her mother, and she pleasantly recalls being her father's "helper" with household projects. She notes, "I was his helper all of the time because no one else had the patience. It made me feel special." Marie is disappointed in the changes she sees in her parents, and she explains that her parents have become increasingly involved with the church at the expense of spending time with their children and grandchildren. Her father frequently sends money to evangelical religious organizations and will talk of nothing but the Bible. She feels her parents are "extreme" in their religious zeal, and Marie notes that her parents are so involved with other people that she now has to make "appointments" to visit. She is most



disappointed, however, in her parents not trying to understand her point of view even if they disagree. She concludes that for her own children she wishes that they will not only have a happy childhood like she did, but that they also feel free to make their own decisions.

Wishes for the Future. Marie's wishes for the baby in 20 years are: "to be independent, have her own mind, (and) not be a puppet. She'll stand on her own two feet, she'll be smart, and she'll have seen a lot." She thinks it is likely that the baby will stay single for a long time, and will get married at an older age like her mother. Thinking about her wishes for the baby, Marie notes that she and the adoptive mother are alike in their values, and she feels they will both teach their children to be frugal, responsible, and to appreciate the value of things. In spite of the difficulty that her surrogacy caused with her parents, Marie is glad that she became a surrogate mother, and she has considered having another baby for the couple. She states that if she did have another surrogate child, however, it would only be for the baby because she enjoyed her siblings and wants the baby to have the same experience.

Formulations and Projective Test Data. When Marie asked me to swim in her new sparkling pool, I was reminded of a ritual bath that would either grant her absolution or prove my willingness to shed my strict role as a researcher and jump in and participate in something with her. She has experienced neither in her life from the people she wants it from most--her family, and in particular, her mother. In talking to Marie, it is clear that she desperately wishes, hope against hope, to be accepted and understood. While Marie foremost wants her surrogacy to be approved of, this craving reflects a much more longstanding and basic desire to be approved of and valued in general, and it is, in part, this desire that propelled her into becoming a surrogate mother in the first place.



Marie is acutely aware that surrogacy has less to do with the baby itself, than it has to do with other issues which for her revolve around her relationship with the adoptive mother. She, in fact, startled me, when she unknowingly pointed out how extremely one-sided the field of psychology has been. When I asked Marie if she had experienced any losses, she responded with a tone of puzzlement: "That's what the psychologist said. She was saying that this was going to be like a death, and did I have any losses. It wasn't like a death at all, it was very happy." Marie seems to be exclaiming, and I think we should pay heed, "Surrogate mothering is not about relinquishing or losing a child!" Surrogate mothering is about something else, more deep and more individual.

The most important and unique factor in Marie's surrogate experience is the relationship she developed with the adoptive mother. While Marie could not have predicted that this relationship would develop, her desire for this type of relationship clearly played a role in her decision to become a surrogate mother. Marie is somewhat vague about why she was initially intrigued by surrogate mothering. She knows that she's "always been interested", and she knows that "the thrill of making somebody that happy" was an important factor in her being a surrogate mother. This intense, unqualified expression of affect is something that is rarely experienced by Marie who tends to be understated, subdued, and concerned about the reaction of others. When she does have these experiences, however, Marie seems to feel alive and real. She is the central, integral person when she delivers a baby, and she is present in her entirety--her physical and emotional self--without having to hide either or to attend to others. In thinking about becoming a surrogate, Marie imagines getting to experience the joy and intensity of birth while simultaneously making someone else exceptionally happy. She wants to be emotional, alive and real, knowing that it will matter to someone else who has agreed to

share in her experience. Thus, part of what influenced Marie to become a surrogate was the promise of an intense, emotional relationship with the fantasied couple.

Marie feels that her relationship with the adoptive mother "worked out even better than she imagined" and it was a "wonderful, wonderful celebration". Throughout her experience as a surrogate, Marie received special attention, respect, and validation from an older woman for whom Marie also had respect. She describes the adoptive mother as a good teacher and good mother. She feels that this woman is like a sister, and in trying to further articulate her feelings, she says that the relationship feels even closer than a sister or a relative. I think the adoptive mother feels like just that, a long-awaited "adoptive mother". This "adoptive mother" provides Marie with the attention and closeness that she has desired from her own mother, but which has not been forthcoming.

Marie can barely tolerate the idea that she was not close to her mother as a child, and although she remembers herself as one of a bunch, she emphasizes her closeness to her mother as an adolescent. She describes her mother, however, as "a parent", a rather inhospitable disciplinarian who had no identity apart from her role and mandate to keep the order. Marie and her siblings were also an undifferentiated bunch for whom no exceptions were to be made. Individual friends, parties without the family, and physical attention, were apparently too taxing or too threatening to the family order to be allowed. Marie, however, must have longed to know more about her mother, and she was extremely happy when, as a newlywed, she was finally allowed to be her mother's confidant. This wonderful, coveted relationship, however, was entirely dependent on Marie's continued support of her mother's ideology and lifestyle. As soon as Marie made a decision in her marriage that was independent of and contrary to her mother's viewpoint, to use birth control when her husband had a vasectomy, Marie was banished from her mother's inner circle. Marie's mother appears to be unable to tolerate any differentiation in her relationship

with her children and with her husband. In fact, her mother was only able to be close to her children when they were old enough to validate her opinions; and she insured that this would happen by vigilantly fending off any outside, untoward influences that might sway the children, particularly her daughters. Marie's father opts out of his relationship with his children almost altogether. Marie, luckily, is able to attain some sense of herself as special to him by being extraordinarily patient. She is not, however, able to get him to be interested in her feelings and ideas.

As a child, Marie learned that relationships require absolute agreement, acceptance, and no independence, which must have made the expression and experience of emotions extremely risky. To have any personal reaction, suggests separateness and difference, and to remain a part of the family, Marie needed to deaden her experience of emotion. Perhaps this is why she loves childbirth. She cannot deaden her feelings during delivery, and it is only then that she truly feels alive. Unfortunately, this approach to emotional life, has left Marie unable to modulate her feelings in a satisfactory way. Either she has to avoid situations that may evoke strong feelings or she has to risk that she will be filled with emotions which may result in being rejected.

On the projective test, Marie's style of attachment is to remain emotionally detached, but highly dependent upon others. Given her mother's inability to tolerate her children's emotional life, it makes sense that Marie would approach relationships in this way. Marie resists closeness when it requires giving of herself, precisely because she has learned that to express herself will destroy the closeness she is seeking. Unfortunately, this prevents Marie from forming reciprocal attachments, and leaves her feeling that the only relationship she can have is one in which she depends upon a caretaker with no expression of her own thoughts and desires. Separations from this caretaking figure evoke a great deal of anxiety and anger for Marie, but she is unable to mitigate the pain of



separations by relying on herself in any independent way. Furthermore, because she has not learned to tolerate or modulate her feelings, she is likely to express her emotions during a separation in the only way she knows how to do so, in a highly impulsive, poorly controlled outburst from which she can only recover by becoming increasingly detached. Hansburg (1980) notes that this style of dependent detachment arises when "parental behavior has generally been neglectful and arbitrarily superficial", just as the parenting Marie has received has been.

For Marie, surrogate mothering presents a way of maintaining her current style of relationships while simultaneously trying to find a new way to be. Marie is able to be dependent upon but detached from the adoptive mother and the surrogate baby. Detachment, in this extremely dependent way, is a comfortable, familiar style of modulating closeness and distance for Marie; detachment is Marie's way of being in a relationship. When threatened with what might be seen as true detachment or separation, however, for example after she has relinquished the baby, Marie is distraught and misses her "adoptive mother". She deals with what she feels is a "stupid" and embarrassing flood of emotions, by attempting to distance herself and once again become detached. Characteristically, she is angry and disappointed for allowing herself to become emotionally involved. On the other hand, Marie made a bold move to establish a new style of relating by allowing herself to become close to a woman so unlike her mother and herself. She describes the adoptive mother almost as a mentor and model whom she would like to emulate. She admires this woman's independence and ability to stand on her own two feet, and she feels that, similar to what she imagines this woman will be like as a mother, she would like to encourage her own children to be independent decision makers.

Marie's surrogacy might be conceptualized as one in a series of tests to see if she has yet found a relationship in which she can be a separate, individual person while still



being attached. One such test failed when Marie discovered that her mother's closeness was dependent upon her not being an adult individual, with differing points of view. By becoming a surrogate, Marie is able to test her husband's ability to tolerate her independence in the marriage. She is "thrilled" to discover that her husband is supportive of something that is not directly related to him and, in fact, might even be seen as a move away from him. Marie chooses not to have her husband present for the interview, and she is very nervous about whether they will both be able to tolerate it--he would like to be a fly on the wall and she is concerned about her ability to function without him. Because Marie's own mother was unable to allow her children to be independent, Marie creatively makes use of both the adoptive mother and her husband as her own "surrogate mothers" in an attempt to establish some autonomy. Paradoxically, as a beginning step in the development of this individuation, Marie must first learn to be in relationships; that is, she needs to allow herself to become attached. This, unfortunately, is no small task. Marie does not yet have the tools to modulate and express her feelings, and because of this, she feels overwhelmed and as though she has failed when she experiences intense emotions about another person. Marie is currently stuck in a position of wanting to be close, involved and attached and simultaneously feeling that the only way to do so is by denying to herself and others that this is what she wants. For example, she is painfully aware that she misses the adoptive mother, but because this is an unacceptable feeling for her and the adoptive mother, she devises a strategy to be with this woman for the sake of the surrogate baby. As she explains that she would consider being a surrogate again in order to provide the baby with a sibling, her denial of her attachment to the adoptive mother sounds forced; yet, she must convince herself this is true, because it is the only way in which she knows she can recapture the closeness she desires. Until Marie can find a more direct way to feel attached without becoming frightened and overwhelmed, she is destined to continually be

involved in relationships in which her sense of being accepted and approved of is contingent and tenuous. It seems unlikely that being a surrogate mother again will resolve this dilemma for Marie since the relationship formed in surrogacy is inherently contingent and limited.

### **Case 5: Sandy**

Sandy is a 32-year-old woman who lives with her husband and two children (ages 3 and 10 months) in their own home. Sandy's 20-year-old sister had recently moved in with the family after breaking up with her boyfriend, and Sandy's roommate from college was also in the process of moving in the week of the interview. In addition, Sandy planned to house a foreign student during the next academic year. Sandy is the only surrogate in this study who had not yet become pregnant or delivered at the time of the interview, and she was waiting to find out the results of her first artificial insemination attempt with the couple.

Sandy has a graduate degree, and prior to the birth of her 10-month-old, she worked as an office administrator. The company she worked for closed during her maternity leave, and she subsequently decided that she "liked being unemployed" and wondered "why should I pay a baby sitter to do what I want to be doing." The family is upper-middle class, and Sandy proudly took me on a tour of her new, enormous home, which is filled with picture windows. Sandy is a very energetic, healthy-looking woman, and she speaks with a strong, enthusiastic voice. She frequently laughs as she speaks, and although she did not seem particularly nervous during the interview, she clearly uses her humor to help her deal with difficult feelings. She treated me almost like a close girlfriend and wanted me to be comfortable in her home; yet, she was also cautious, and very late in the interview I learned that she thought she was supposed to be representing the agency.

She had recently become somewhat disillusioned with one of the agency's policies, and when I explained that I was not in contact with the agency, she seemed relieved. For the remainder of the interview, she stretched out on the floor like a teenager gossiping with a friend, and after we had finished, she invited me to come into the kitchen to talk with her husband, sister, and college roommate. Sandy's husband took care of the children during the interview, and both Sandy and her husband seemed quite at ease with and proud of their parenting.

Reason for Becoming a Surrogate Mother. Sandy cites many reasons for wanting to become a surrogate. She feels the primary reason, however, is that she has extremely easy pregnancies and deliveries, and she feels "guilty" that what is so easy for her is so difficult for others. Several of the people she knows have either not been able to conceive or have had terrible pregnancies, and she thought to herself "why shouldn't I do something that could help someone else if it doesn't hurt me?" She contrasts, in great detail, her uncomplicated and delightful pregnancies with the horror stories she has heard about other women. In her previous two pregnancies, Sandy experienced nausea only once, and she explains that she can "eat everything in sight" but not gain weight excessively. She gains only 10 pounds more than the birth weight of the baby, and she loses most of those 10 pounds during delivery. She laughs as she remembers not wanting to leave the hospital after the birth of her second child because she still had a half of a pound to lose. Sandy also delivers quickly and relatively painlessly. For some reason, she does not feel contractions, although the fetal monitor indicates that she is experiencing them. Sandy proudly jokes that she should have been Chinese; "I'm the type that drops the baby in a rice paddy and keeps on working." Other people, she notes, find her easy deliveries and speedy recoveries hard to believe, and she recounts several stories about her delivery of her 3-year-old. For example, during her first pregnancy, Sandy arrived at the hospital



when she was "4 fingers dilated" and could literally feel the baby's head. Because she was not in any pain, however, one of the nurses told her, "you don't know anything about childbirth", and Sandy explained that she didn't have time to listen because she was going to have the baby imminently. She remembers that the nurse countered that she would be back on duty in the morning and find Sandy still in labor and in pain. Sandy delivered before the doctor arrived and before her husband could get scrubbed in order to assist in the delivery room. When the doctor did arrive, Sandy remembers he said if she "had fewer than a dozen children . . . (she) was doing a disservice to womankind." Sandy also describes her in-laws' disbelief that their grandchild had indeed been born when Sandy's husband called his parents with the good news. They assumed that the call was a practical joke since they heard Sandy laughing in the background and she did not sound tired or in pain.

In contrast to her own pregnancies, Sandy describes the numerous difficulties that her relatives and friends have encountered in their attempts to have children. One sister-in-law fractured her pelvis during childbirth, and another sister-in-law gained 55 pounds and delivered a 2 1/2 pound baby prematurely. Two friends have spent years trying to become pregnant, and other friends have tried to adopt foreign babies. Sandy's sister spent 7 years on an adoption list before she was able to adopt, and she can no longer adopt a much wanted sibling for this baby because she is over 40. Sandy does not emphasize any one person's difficulties as she describes the details of the problems she has witnessed, and she seems to be saying that problems are commonplace while her experience is quite unusual. She notes that while the agency reports one in six couples have problems in fertility, she feels the actual ratio must be closer to one in three.

Sandy began thinking about becoming a surrogate mother around Thanksgiving, when her youngest was about 4 or 5 months-old. She notes that this is a very



"contemplative time of year", and it marked the one year anniversary of her husband's serious accident. Her husband had been run over while changing a flat tire, and Sandy recalls that because he was covered with blood, she only recognized him at the hospital by his wedding band. Although her husband has fully recovered, for months she had to feed him and bathe him. She explains that "it was like taking care of two toddlers and being pregnant at the same time", and because her husband could not work or help with the child care, Sandy had to do both. Sandy stresses, and it is clearly important to her, that many, many people stepped up as witnesses and came to her husband's aid. As she described this terrible accident, she brought out pictures for me to look at of the smashed automobile and of her husband in bandages. She feels that this accident is connected to her decision to become a surrogate mother because it "changed how I feel about family". She explains that she suddenly found herself grappling with the realization that "life is very short" and "your whole life can change instantly". At 7:00 a.m. she kissed her husband goodbye, and at 7:30 she was "almost a widow"; she hopes that she "never get(s) that close again".

Sometime after Thanksgiving, Sandy began to inquire about surrogate motherhood, and she learned about the agency from an organization that specializes in infertility issues. A month after her first meeting with the agency, Sandy saw a television talk show with two surrogate mothers as guests. She notes that she felt "exactly like" one of the women, and she felt the other woman was a "Marybeth Whitehead-type"<sup>2</sup>, by which she seemed to mean crazy. Sandy kept a video tape of the television program, and she wondered if I would like to have a copy which I declined. When I asked Sandy about how she initially heard of surrogate mothering, she did not answer and instead told me about her easy

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<sup>2</sup>Marybeth Whitehead is a surrogate mother who was involved in a highly publicized, bitter court battle in 1987 with the biological father for custody of the child. Much of the publicity focused on arguments concerning Whitehead's fitness to be a mother and whether she has a psychiatric disorder.

pregnancies. When I reiterated my question, she again answered indirectly by describing the extensive problem of infertility. As a result, I do not know how she first heard of surrogate mothering or why it initially interested her.

Experience of Becoming a Surrogate Mother. Sandy did not have any special requirements about whom she would become a surrogate for, and at the agency's suggestion, she chose the couple who had been waiting the longest. She has recently begun inseminations with a couple in which the adoptive mother has had several pregnancies all ending in miscarriages. Sympathetic to the adoptive mother's plight, Sandy states, "I can't imagine leaving the hospital without a baby". Hearing herself say this, she quickly adds that she is taking "precautions emotionally" for when she leaves the hospital without the baby. Sandy describes some of her mental preparation as picturing the couple with the baby. She explains that in "normal situations", like the birth of her own children, she has a baby book filled with "pictures of (her husband) holding the baby." With the couple's child, she feels that she "will have a picture in (her) mind of them holding the baby, (so) there will still be two happy parents; it will just be someone else." She notes that if she did not already have children, "then it would be harder". Because she has "two children to go home to", however, she anticipates that she will not feel the loss to such a great extent, and she adds that she is planning on having a third child of her own in the future. In addition, she plans to tell herself that the baby is theirs from the beginning, and she has decided to deliver at a birthing center where she can return home the same day without having to be surrounded by mothers and babies on a maternity ward. The birthing center suggested that she will "experience a loss" and "feel an emptiness" after relinquishing the baby. Sandy responded, "yes, I know that. I'm not totally denying that. I'm taking every possible step to eliminate it."

When Sandy met the couple for the first time, she remembers how odd it felt to know that "they were looking at (her) for height, weight, (and) eye color". She recalls that much of the discussion with the couple focused on their problems with pregnancies and their ability to financially provide for a child. Sandy replied:

"I only want the baby to be wanted, loved, protected, and adored. I don't care how much money you make; I don't care if the child has his own room or is in a bunk bed with 3 other kids. If I ever find out there is drug abuse, alcohol abuse or child abuse, I'll kill you." She laughs and adds, "no questions asked, you're dead."

Sandy assumed that after signing the contract, she would be able to get to know the couple personally and be able to discuss "their philosophy on life" and "their parenting skills". This is not the case, however, and she is annoyed that she was not informed in advance that the couple would remain anonymous. She feels that if this is the agency's policy, "it stinks", and if this is the couple's request, she would rather not be a surrogate mother for them. She states that "it feels like it's in the middle of the game and they changed umpires." She finds having to use the agency as an intermediary to be an infantilizing experience, and she feels "stupid" that she cannot contact the adoptive mother with the results of upcoming pregnancy test. She notes with sadness and anger, that she had hoped to send the adoptive mother a "balloon-gram with a note 'we're pregnant', with 'we're' underlined, but (she) can't because (she has) no address." She feels "left out", and she remarks that "it's insulting" that the adoptive mother can contact her since, at Sandy's suggestion, the couple came to her home for the insemination.

Sandy initially wanted to use an agency in order to "do it right", but she is now very angry and disillusioned with the process. "I wish that this country wasn't so screwed up, and I wish that agencies weren't necessary. . . .There's \$15,000 that's unaccounted for, and I think the couple gets screwed." She thinks that she will very likely want to



become a surrogate again for a friend, and she notes that since she decided to become a surrogate mother, three couples have asked her to have a child for them. She stresses, however, that she will not surrogate for just anyone; she will only have a child for people who she feels will be good parents. Sandy is not sure what she will do with the fee she receives, but she will not spend the money on one thing "because it's like the 30 pieces of silver, and you've just sold a person for it".

Family Background. Sandy grew up with her parents and 6 siblings in a 6 room apartment. She is number four in the birth order, and there is a substantial age difference between Sandy and her younger siblings. Sandy's mother is a physical therapist and her father, who has been deceased for a few years, drove a truck during the week and a cab on weekends. Sandy describes the neighborhood she grew up in as "a shum", and she notes that because her father had a job, they seemed rich in comparison to the neighbors. She recalls being "humiliated" in the fifth grade when she learned that her family was "lower-middle class" and that "other people didn't live like that". She had been offered a scholarship to attend a private school, but her mother declined the offer because she did not think Sandy would fit in without fancy clothing. Sandy later attended a prestigious, private college, and she emphasizes that her father was very proud of her academic success.

Sandy has never been close to her mother, and she describes her as an "angry, hostile, intolerant, psychotic" woman. She recalls that her mother never threw anything out so that the house was like a "pigsty", constantly filled with strange bits of this and that. Her mother aired the laundry throughout the living room and dining room, and Sandy was too embarrassed to have company over as a child. Sandy notes that her mother became a "religious fanatic" when Sandy was born, and she recalled one Christmas when her mother spent the money for presents on 50 Bibles for the neighborhood. Sandy wondered if I knew what it felt like to be "attacked" by religious missionaries, and she says that living

with her mother was the same experience. When Sandy misbehaved, her punishment was to watch evangelical preachers on television, and Sandy laughs with glee when she thinks of the current public scandals in which these preachers are involved. Sandy feels that her mother "didn't like it" when she received a special honor at school, and she recently asked her mother why she never attended any of her children's school functions. Her mother replied that she had been too busy. The only positive memory that Sandy described of her mother, ended in catastrophe. Her mother frequently gave spare change to the neighborhood children who came begging. One morning her mother was out of change and gave the children a box of cereal to eat instead. When the children returned home with the cereal, Sandy watched through a window as their mother beat them with a coat hanger because she couldn't buy cigarettes without the change. Sandy never told her mother that the children had been beaten. Sandy now sees her mother as a "very lonely old lady", but she cannot stand to be with her for more than 20 minutes at a time.

Sandy was her "daddy's little girl", and she characterizes their relationship as "idol worship". She remembers that he was a "funny, patient, (and) tolerant" man who was "very protective" of her. She laughs as she provides an example of his protectiveness: she was "mugged" in the seventh grade, and her father threatened that "he would castrate the guy if he found him". Although Sandy feels that they both "worshipped the ground each other walked on", she notes that "it was never said", and she learned of his pride in her from other people. She recalls receiving money for her high school graduation from two old ladies who worked at the school. Her father had apparently been telling these women how proud he was of his daughter, and they wanted to contribute to her college education. Sandy feels she could talk her father into anything, unlike her older sister, and she remembers cajoling him into changing the television station to a program she liked and giving her money to buy books.

Sandy feels that her mother mistreated her father and "never gave him much credit". She remembers that her father would write letters to his family every Sunday, and her mother would correct the grammar which Sandy felt was "terribly insulting to him". Sandy provided her father with a "haven from the pigsty", and her father would come into her room, which was meticulous, to get away from Sandy's mother. She notes that "he considered it an intrusion" when her mother would also try to come into her room. When her mother once cordoned off her room with blankets, ostensibly to save on heating bills, Sandy threw the blankets out of the second story window onto the driveway. She happily recounts that her father supported her in this action by telling his wife that she was "crazy". Sandy remembers that when she told her father she was getting married, she said she would always have a spare room for him. He responded that she "could live anywhere (she) wanted as long as (she) had a spare room". Sandy's father became very sick around this time and was an invalid for the rest of his life. Sandy notes that she was the last one to see her father alive, and she bitterly recalls her mother's callous and hostile response to her husband's death. When her father died, her mother was upset that he hadn't lived another 24 hours which would have enabled her to receive one more month's social security. In response to my question about why Sandy felt her mother acted as she did and whether it was intentional, Sandy states:

"The only food my father wouldn't eat was tuna fish, and as soon as he became an invalid, she made him tuna fish every day. And you ask me if I thought it was intentional? I think if you've been married 35 years you know someone's likes and dislikes."

Since the death of her husband, Sandy's mother "has gone out of her way . . . to make up for lost time". Her mother would like to move into Sandy's house, and without Sandy's knowledge measured the walls to find out if her furniture would fit. Sandy's protective husband has flatly refused to have his mother-in-law move in, and Sandy is very



pleased by this. Throughout the years, Sandy and her husband have cared for Sandy's youngest sister, and at one point, they tried to adopt her. Her sister was in a lot of trouble as a teenager, and Sandy and her husband took her in and helped her to get back on track. Her sister has just moved back into Sandy's home, and Sandy described a recent conversation:

"We talked, and she said that she spent half her life hating my father and the other half wishing he wasn't dead. I said, 'how could anyone hate (my father)', this was the man that I worshipped the ground he walked on. She said, 'because he left me alone with her' when he got sick and became an invalid."

Sandy notes that she and her older siblings were able to maintain their sanity because there was a sane parent. When her sister came along "the sane parent was an invalid". Her sister "wished she hadn't wanted him to die because she felt she caused it", and she "also was angry with (her) mother for attending to the invalid". Sandy proudly describes that her sister now "worships the ground that (her husband) walks on".

Surprisingly, Sandy finds that her mother is supportive of her surrogacy, although her mother states that "she couldn't do it because she gets attached to fetus". Sandy feels that her father would respond to her surrogacy by saying, "You're out of your mind, but more power to you". She feels that he would not understand initially, but then she "would talk to him for 20 minutes and he'd go along with it". Sandy's older sister, who did not get along with her father and has been unable to have children of her own, is very much against Sandy's surrogacy. They have not spoken since Sandy announced what she is doing, and her sister listed a whole litany of complaints against surrogacy, such as it's prostitution, it's for the rich whites, and only drug addicts and high school-drop-outs become surrogate mothers. Sandy was surprised by her sister's extremely negative reaction and does not understand it. Sandy does feel that the way she was parented is

connected to her decision to become a surrogate. She explains that she read that "women repeat what their mother's did", and she feels that she gears her life toward doing "the opposite". "I watched my parents accidentally have children, and this way it is someone that I know definitely wants children. In some ways adopted children are much better off. I'm sure that's a big part of it. I'm sure."

Wishes for the Future. Sandy's three wishes for the baby are for a "happy childhood, good education, (and) no regrets about this". When she met the couple, she wanted to know how they would explain the surrogacy to the child so that she would "know what to expect if the child appears at the door 20 years from now". She hopes that the child will "appear at the door and give (her) a hug and say thank you as opposed to (being) an angry, violent person."

Formulations and Projective Test Data. Sandy connects her desire to have a child for someone else to her own history of being parented, and she gives the impression of wanting to populate the world with children who will be cherished by their parents in a way that she feels she never was. The most important part of becoming a surrogate for Sandy, seems to be the gratification of being able to literally see that the baby will be "wanted, loved, protected and adored". She is enraged, disappointed, and despairing when she cannot get to know the couple more intimately, because insuring that her baby will be placed in a good home is, in a large part, her motivation for becoming a surrogate. To be left to fantasize what the couple will be like as parents or to just have to assume that her baby will be taken care of, is tremendously frightening. She knows that houses that look fine from the outside, even relatively well off compared to the neighbors, may be chaotic and crazy on the inside.

Sandy describes her reasons for becoming a surrogate in metaphors and stories. There are both good, almost unbelievably good, stories, and tragic ones filled with pain and

suffering. She tells these stories with an urgency, as if she must tell them, to the point that it at times interferes with her ability to answer a question. In great detail, she describes her superior childbearing skills, and she relates numerous examples of pregnancy and delivery gone awry. She is unable, however, to satisfactorily integrate these stories for the listener and, more importantly, for herself. What is most striking about her examples, is that none stand out as particularly important in her decision to become a surrogate. The examples are meant to be taken all together, like a theme and variations. Sandy's ease in conception, pregnancy, and childbirth suggests that she is indeed "a fertile person". She almost insistently presents the notion that she has no problems, she has no defects, and she is special in this way. On the other hand, for "one of three" people, childbirth is a risky business in which people are fractured, distorted, or defective from the outset. For these people, the choices are grim: they can be broken for the sake of the child; the child can be weak and unformed for the sake of the parents; or the parents and child can experience a devastating loss, such as no children to care for, no sibling to play with, or a sense of "foreignness" and unfamiliarity at best.

Sandy's specialness has an unreal, forced quality, and in a way, Sandy's life is like a story, both unbelievably wonderful and very tragic. She sees her pregnancies as unusual, and she experiences no sickness or weakness. It seems that she must view herself as special and invincible and unsusceptible to any distress. As she described being able to eat to her heart's content, however, I was struck by what seemed to be a rather ordinary "technique" to prevent morning sickness. She explained that she would arrive at work with a large grocery bag and eat 8 small meals throughout the day. The only time she experienced nausea was when she "skipped one feeding". Often, women report that they can control morning sickness by always having something in their stomachs; thus while



other women might describe their ability to prevent feeling nauseated, Sandy sees herself as not prone to this distress.

Sandy does not want to be prone to any distress whatsoever, emotional or physical, and given her extremely chaotic and disturbing childhood, it is easy to see why. Sandy's mother was clearly unable to be an adequate parent, and although she must have had some resources since she has earned a university degree and worked as a physical therapist, she indeed sounds as though she was psychotic at times. Her mother tried to be nurturant and helpful to others at the expense of her own children and paid no attention to the potentially disastrous consequences of her actions. Not only did Sandy and her siblings not receive Christmas gifts, they were humiliated by their mother's "attack" on the neighbors, and innocent children were beaten by her mother's ineffectual attempts to help. Sandy notes that her mother could not be a surrogate because "she gets attached to fetus". This is perhaps more true than Sandy is aware of; her mother attaches to "fetus", not babies and people, and she attaches like a limpet to a rock. Sandy tried to create a "haven" from the chaos in her bedroom, and although she states that her father viewed her mother's presence as an intrusion, she must have felt this way as well. Her mother continues to intrude upon her daughter's life as she secretly makes plans to move into Sandy's home.

Sandy idealizes her father, and she clings to her positive memories of him. In these memories, however, it is clear that Sandy is desperate to see herself as being special and adored. She seems to be searching for signs that she was loved and valued by her father. She places great emphasis on what seem to be very small indications of his affection; she was able to change the television station and she was given money to buy books. When her father does not verbalize that he also worships the ground she walks on, she seems to view it as their little secret. It is not until she is 18 years-old that she can provide examples of his pride, and she describes little, if any, physical affection. Sandy's idealization, thus,

appears to be built upon a very fragile foundation. She must wonder at some level, if this man is so wonderful, why did he marry and stay with her mother? Sandy feels he was "very protective", but her illustration is of a failure to protect. Her father threatens "to castrate" the man who assaulted his daughter, but, in fact, he does nothing and was not able to prevent his daughter from being attacked in the first place. Sandy's father is not an adequate protector, and it is Sandy who protects her father by providing him with a haven from her mother.

Sandy traces the onset of her mother's craziness to when Sandy was born, and she notes that her father became ill when she married and moved away. Although she does not directly comment on it, unconsciously, it is likely that she fantasizes she is to blame. Sandy's sister seems to express many of the feelings that Sandy cannot: her sister struggles with her ambivalence about both parent's failings, and her sister wonders if she may have caused her father's death by her wishes. Sandy's sister articulately describes feeling angry with her father for leaving her with her mother, and feeling angry with her mother for attending to her invalid father. Sandy expresses anger with her mother, but she cannot experience being angry at her father because it is apparently too threatening to her tenuous idealization. Her entire sense of self is built upon her stories of being special, and to question this would be devastating. As a result, Sandy either does not acknowledge or does not allow herself to experience certain feelings. It seems an interesting metaphor that while she physically is having what ought to be painful contractions, she does not feel them.

The projective test data confirms this style of not experiencing emotions, and Sandy does not feel the pain, anger, and anxiety that most people experience during separations. Sandy's attachment style is to be excessively self-sufficient, and in order to avoid the feelings that separations evoke, she defensively views herself as not connected to others.

While she disavows attachment to others, however, she does feel rejected in separation situations. She does not experience loneliness or sadness though, and when these feelings threaten to surface, Sandy responds inappropriately with either too much affect to experiences of mild separation or too little affect in severe separations. During these times, her responses appear absurd and nonsensical to the observer, and it is clear that she becomes disorganized by these powerful emotions. Although this is an extremely restricted and avoidant emotional style, it was the best and maybe even the only way to manage growing up in a home in which relationships were confusing and unpredictable. Emotional distance was the only solution to being able to stay removed from the confusion. Because this can be lonely, however, it was helpful to fantasize an unspoken closeness to mitigate against the sense of pain and isolation.

Sandy thinks of becoming a surrogate when she is faced with the possibility of losing her husband. Her husband is a truly protective man, her fantasied father in the flesh. After her husband's accident, she realizes that "life is short" and that family is extremely important. When she talks about preparing for the loss and emptiness after giving up her child, she states that she is "taking steps to eliminate it". Because loss can be so disorganizing for her, she plans to eliminate the experience rather than cope with it. Perhaps becoming a surrogate is also a technique to eliminate loss. She will have fantasized connections that will protect her from experiencing loss, just as she never had to come to terms with her childhood loss of having two inadequate parents. Sandy's husband suggested that he would like to be with her for the delivery of the surrogate child, but Sandy wondered why he would want to take a day off of work. He responded, "because my wife's having a baby". Sandy did not think that this would be a good idea, however, because his colleagues might send flowers and "how do you explain it when you don't bring in a picture of the kid?" It is difficult for Sandy to allow herself to feel attached to her



husband, and when he points out his love and concern, she oddly reasons that these sorts of feelings will not be sufficient to explain missing a day of work. Sandy will do this on her own. Feeling attached and close and dependent upon another person makes one vulnerable to an array of feelings when that person is gone or unavailable for some reason. Thus, Sandy plans to become a surrogate mother, when she is faced with that vulnerability. Sandy initially denied her psychological investment in the surrogate experience in her statement, "why shouldn't I do something that might help someone else if it doesn't hurt me? In the process of the interview, however, she comes to see her own motivations to provide the baby with a home that she always wanted. Unlike many of the women who use the adoptive mother as a "surrogate mother", Sandy is her own "surrogate mother". She is both the child and the mother, preparing for her own safety and invulnerability as she has always done.

#### **Case 6: Michelle**

Michelle is a 33-year-old, divorced woman who lives in an apartment in a small town with her 49-year-old housemate, Marge. She has 3 sons, ages 9, 7, and 5, who spend weekends with her and live with their father during the rest of the week. Michelle works the night shift, and the interview took place in the morning after she finished work. She prefers this shift since it allows her to be home during the day when her children stay with her. Michelle delivered the surrogate baby about 6 months prior to the interview.

Michelle is a thin, pretty woman who presents herself as fiercely independent. While she strongly asserts that she does not care about what other people think of her, she is not off-putting, and she has an appealing, girlish laugh that serves to draw others in to share in her experience. She clearly relies on Marge, however, with whom she has lived for several years, and they are like a family. They have two little dogs that they dote upon,

and during the interview, Michelle prepared a meal of lamb bones and frosted flakes for one of the dogs which are the only foods that this dog will eat. Marge was home during the interview, and although she has a gruff, no nonsense manner about her, she is very maternal and nurturant of Michelle. Marge washed and ironed Michelle's clothes while we talked, and she frequently entered into the conversation to help Michelle elaborate an answer. When I began to ask about family background, Marge became very angry and wondered how these questions were connected to surrogacy. I explained my view that people's background influences the choices that they make, and after questioning me a little more, Marge seemed satisfied with my response. Michelle said nothing as Marge questioned me, and she seemed to expect and to be quite comfortable with Marge's protectiveness.

Reason for Becoming a Surrogate Mother. Michelle first heard of surrogate mothering on a television talk show in 1979, and she had been interested in surrogate mothering "for many years, even before it came out into the state". Michelle is somewhat vague in her explanation of why she was initially interested in surrogate mothering, but the fact that the children are desperately wanted by the couple is important to her. She states:

"Well my feeling is that there's a lot of people out there who can't have kids, and kids can be a pain in the butt, but they're also a lot of fun. You take all these babies that are being ditched, murdered, killed kids and if all the teenagers who had babies would put them up for adoption they wouldn't have this need for surrogate mothers and all this other stuff they got out. And I can't see a parent going without a child, and I figure if (the adoptive couple is) willing to go through what they go through to have one, then they must want kids real bad and the kids are going to be loved."

Experience of Becoming a Surrogate Mother. Three years ago, Michelle read an article about the surrogate agency in a local newspaper, and she contacted the author of the article to obtain the agency's telephone number. When she spoke to the agency, she had already decided to become a surrogate mother, but she kept her decision secret from Marge

until she had signed the contract. Michelle notes that Marge is not particularly in favor of surrogate motherhood, and she adds that if she had told Marge, she "would not (have) take(n) no for an answer." Michelle feels that the "one (and only) smart idea the psychologist came up with" was how to explain her surrogacy to her sons. Like most surrogates, she told her children, "I was giving up the baby so (the couple) could love a baby as much as I loved them." Michelle feels that she "got no reaction out of them". During her pregnancy, her youngest asked to see a picture when the baby was born, but he has not asked again. He also told Michelle that she was "too fat". Although Michelle encouraged all of her sons to ask questions, they never brought the subject up, and she thinks that they may just be too young.

Michelle feels that the insemination was "a little crazy". She initially began the inseminations with one doctor, but after several unsuccessful attempts, Michelle changed to another doctor at the agency's suggestion. Michelle remembers that this second doctor was so sure of himself when he did the first insemination, she hoped that she would not become pregnant. He said, "you'll make it this time", and she was mildly annoyed when she learned she was indeed pregnant the following month. Michelle playfully recalls, "I wanted to prove him wrong so bad, . . . but he was a nice doctor."

Michelle enjoys being pregnant, although she "hate(s) being fat during and afterwards". In particular, Michelle feels it is "nice when the baby starts to move", and she explains that this sensation "is really a lot of fun". The only difference between this pregnancy and her pregnancies with her sons was that she gained a little more weight. She felt equally attached to the unborn surrogate baby as she did to her unborn sons, in spite of the fact that she "told (her)self not to . . . get attached". She feels that it is impossible to not get attached, and reflects that "when a baby starts to move inside you, it's very hard to ignore it." When she did begin to feel attached to the surrogate baby, she "didn't do much



of anything (and) just let it to happen" since she does not think "anybody (can) stop themselves from doing it". For Michelle, the most difficult aspect of becoming a surrogate mother was when she learned that she was carrying a girl during the ultrasound. She has always wanted a daughter, and she recalls becoming very depressed after the birth of her second son. While pregnant with her son, she had convinced herself that she would have a girl, and she brought a dress to the hospital for the baby to wear. She remembers that her mother repeatedly cautioned her "don't do this to yourself", but Michelle "would not believe anybody who said he was going to be a boy". When her son was born, she told the doctor, "take him out of here; I don't want him". She laughs as she recalls the doctor's response "fine, we'll find him a home". She notes that she tells her son "he would have made a pretty girl because he has gorgeous eyes". When the ultrasound indicated that the surrogate baby would be a girl, Michelle states, "it broke my heart". I wondered if Michelle felt more attached to the baby after she learned she was carrying a girl, but she did not think so. Marge chimed in, "Are you sure?", and Michelle explains:

"Well the fact that it was a girl was different, but not the feelings you have when carrying a baby. It was an angry feeling, yes, but feelings toward the baby itself (were) no different. . . . I guess when I first got pregnant I swore up and down that somebody upstairs hated me, and it was going to be a girl. And that's the reason it was a girl."

Michelle laughs at her comment, and in a tender moment, she fondly remembers that her surrogate daughter frequently got the hiccups. Michelle often thought about keeping the baby, and she feels that "no one knows until the time comes, and when you look at that baby, what you're going to do". Ultimately, she came to the conclusion that "it just wasn't meant to be", and she imagined that it would be a terrible disappointment to the couple if she did not relinquish the baby. She wonders, however, if the couple appreciates that she "gave up much more than (she) could ever give up in (her) entire life."

When Michelle first decided to become a surrogate mother, she was not sure if she wanted to meet the couple, and she notes that "it took me awhile to figure out if I really wanted to or not". During the last trimester of her pregnancy, however, she asked to meet the couple. Apparently, the couple was very concerned about whether Michelle would relinquish the baby at this time, and they were hesitant to meet her. She never did meet the couple. In retrospect she wishes that she had been able to get to know them at the delivery, which she had heard was a positive experience for another surrogate mother with whom she had spoken. Marge was Michelle's coach during labor, and she notes how painful it was to see the baby snatched away from Michelle immediately after birth so that the baby would be bonded to the adoptive mother. Both Michelle and Marge are very angry that the agency and the couple have not sent any pictures of the baby since one week after the delivery. In addition, Michelle was very annoyed that in the picture she did have, the baby was dressed in a tuxedo-like costume which she felt was inappropriate for a baby girl. She states that it "irritates the hell out of me" because "she's a female, not a male". Recently, Michelle has unsuccessfully attempted to contact the agency to have more photographs sent, and she angrily notes that she would like to send a dress to the baby via the agency, but she does not know what size to buy. She explains that surrogate mothers "don't stop worrying even though the babies are gone", and she adds, "you'd think the parents themselves would be a little more thoughtful, that maybe we might want to know how the baby's doing."

Towards the end of Michelle's pregnancy, one of the dogs became ill, and Marge was very concerned that if anything happened to the dog it would be too much loss for Michelle. Marge astutely notes that the dog was a substitute for the baby, and Michelle describes how the dog was her only companion during the days while she was on her maternity leave. After the delivery of the surrogate baby, Michelle nursed the dog back to

health, and both Michelle and Marge emphatically state that they don't know what they would have done if the dog had died. Michelle used the fee to pay bills, and she and Marge went on a trip to Disneyworld two months after the baby was born. Michelle feels Disneyworld is too big, too crowded, and too expensive, but she will probably return because her sons have their hearts set on going.

Family Background. Michelle grew up in a very chaotic family as the middle child of 8. She feels her family is not close, and she states, "it suits me fine if they don't write or call." She has lost track of where some of her siblings and half-siblings live because "there are too many", and she is waiting to hear from her mother who she thinks has recently moved. Her parents "move around a lot", and Michelle adds, "we never know where my mom is". She anticipates that she will not hear from her mother, and she plans to contact her sister who will know her parent's new address and telephone. Michelle notes, "they say that parents worry about kids, no, it's more like we babysit my mom".

Michelle's father was in jail from the time she was 1 to 10-years-old for running an "illegal gambling joint". Michelle never knew that her father was in jail, however, until she was told by her paternal grandmother when she was in her teens. While her father was in jail, her mother divorced her father and married her step-father. Michelle is not sure when her mother remarried, but she thinks it was sometime when she was between the ages of 1 and 4. Michelle adored her step father, and she remembers him fondly. He was a tall man, who would bend down to talk to the children, and she notes that he always made time for the children in a way that her father never did. Her mother divorced him when Michelle was 4 or 5-years-old ostensibly because he was an alcoholic. Michelle feels that he was always good to her, and she does not remember his drinking. She wanted to live with him after the divorce, and she dreamily recalls that he used to follow the family around hoping



to reconcile the marriage. She had no contact with him after the divorce, although she has heard that "he married someone else with kids".

Michelle has no memories from the time when she was 5 to 10-years-old, and she notes that this is a "certain part of my life I shut off completely". She is very disturbed by this, and she has gone to psychiatrists, psychologists and hypnotists in order to recover memories from this period of her life. Michelle concludes, along with the advice of one psychiatrist, that perhaps she cannot remember for a reason, and it is ultimately better not to know. She states, "my past life is a secret and I can't get no answers". The only parts of her childhood she does remember are from dreams, but her mother denies that these dreams are true. Michelle described one recurring dream she had for several years in which she and her sisters were placed in a brick building to live with nuns. The nuns were cruel and they kept the sisters apart and locked them in closets. Michelle recalls that she dreamt this every night until the day she told her mother the dream. Her mother denied that the children had ever been placed outside the home, but Michelle says the dream is so vivid she doesn't know what to believe. She has asked her mother and sisters to talk about her childhood with her, but they will not give her any information.

Michelle's mother remarried her father when he was released from jail. Michelle's first memory after age 5 is when she was 10-years-old, and she saw her father at the breakfast table. She refused to believe he was her father, and she states, "I swear up and down he's not my dad, and I'll swear it to the day I die." When she told her father that she did not think he was her real father, her parents showed Michelle her birth certificate. Michelle thinks that it is possible that they changed the birth certificate, but she also adds, "I don't think I'll ever believe my dad is my dad, maybe it's because I hate him so much that I don't want him to be." She describes her father as "weird" and "crazy", and she remembers that he would follow her to school in order to make sure she was not "hanging

around people who he thought used drugs". They would get into fights, sometimes physical, on the school grounds, and he would hit her at home.

Michelle feels her mother never protected her or "stood up for us when she should have". She states that their relationship "was more like friends", but she notes that they were never close. Her mother was ineffectual in her ability to discipline the children, and Michelle remembers "her chasing 3 of us around the kitchen table with a belt." Michelle and her siblings "stood there and laughed at her because (they) knew she wouldn't hit (them)". Her mother did, however, passively allow her husband to hit the children when he was home. When she was very little and her mother was still married to her step-father, Michelle recalls that her mother would tell her to "get lost". One day after her mother told her to get lost, she and her sister packed a suitcase and left home. She laughs as she recalls that they were half-way around the the block when they stopped to ask a man what state they were in and he drove them home. Michelle feels her mother did not teach her anything, and she notes that "it's a shame to have to go to neighbors and relatives to learn things that you should learn at home." Michelle summarizes that she will never understand either of her parents; "my parents were weird, and they went from terrible to worse."

Michelle was close to one of her older sisters, and she feels that they were the only family members that were close. They dressed alike and wore their hair alike, and they had "imaginary day dreams that we would buy a trailer and a car and travel the whole world." She felt extremely betrayed when her sister got married, and she states "to me, she was deserting me. "We had planned all these things and now they couldn't be done." She ran away the day before the wedding, and she "swore (she)'d never get over it". When Michelle turned 12, she began to run away frequently, and she begged her parents to place her in a foster home. After running away numerous times, she was finally allowed to move to her paternal grandmother's home in another state when she was in her early teens.

She lived with her grandmother until she turned 17 and moved out on her own. She began to learn some of the family history from her grandmother, for example that her father was in jail, although there are still big gaps in her knowledge. Michelle did not feel she could trust her grandmother, however, because she kept trying to encourage Michelle to repair her relationship with her parents and move home. Michelle notes that there were no adults or parental figures who she felt she could trust.

Michelle did not see her parents from the time she left home until she was in her early twenties. When she returned home, her younger brother died in jail. He had been arrested for selling drugs and was being held in jail for 2 days until he turned 18 and could be tried as an adult. He was found dead on his birthday, and the police report that he committed suicide. Michelle believes that he was murdered by the people he was selling drugs for because he would not tell them where he had hidden the drugs or the money. Michelle remembers that there was a 4 day long wake, and she feels funerals "put you through too much emotional stuff". At the funeral Michelle's mother tried to jump into the grave, and Michelle describes her mother as having lost any zest for life since the death of her brother. Her mother now allows her 13-year-old brother to do anything, and she seems not to care about anything anymore.

Michelle married when she was 25 years-old. She describes her husband as "very weird" and she was unable to portray their relationship in any sort of way that conveyed what he is like. She said that she initiated the divorce after 7 years, primarily because they disagreed over her continuing to work. Michelle's mother disapproved of the divorce, and Michelle feels she was treated like she "committed murder." She states, "my mom was about ready to kill me when she found out I wasn't going . . . back to my ex." She notes that her mother is still learning that "I'm going to live my life the way I'm going to live it", and she adds "I like my life the way it is". Michelle does not date, and she plans to remain



single unless she meets an "84-year-old millionaire". Michelle's husband did not want her to have the surrogate baby, and she says that he became very "odd" while she was pregnant. His second wife had just left him, and he offered to support Michelle with the baby girl that he knew she always wanted. Michelle seems puzzled by his connection to her.

Michelle currently has very little contact with her family, although Marge notes that she talks to her mother more than she thinks as indicated by their large phone bills. Michelle says she contacts her mother every month or so, but she never talks to her father. Michelle's mother has become ill with a recurrent pneumonia during the last few years, and she has to have her lungs drained every 6 months. Michelle is worried that her mother will die, and her father will not contact her. She "gets letters from her mother every once in a while when (her mother) remembers to write", and she worries when she does not hear from her mother. She is not sure if she will attend her mother's funeral when she does die, but Marge states, "you will". Michelle does not know what her parents think of her surrogacy, and she does not care.

Michelle does not feel that her experience of being parented has anything to do with her decision to be a surrogate. She immediately adds, however, that she feels sorry for people who cannot have children because it is "so much fun to watch kids learn and grow". She doesn't think anyone should miss out on this. When I asked if she thought her own parents had missed out on it, she said:

"Lord knows. I really don't know, I mean I can't remember my mom telling us when we first started walking and talking. But I can't remember when (my eldest) started walking. I know he was over a year old. Yeah, it's a lot of fun, (and) people miss out on a lot. I mean when they are 14 or 15, (they) can't wait until they're 21. But they're still fun, they don't stay babies long enough. They really don't."

Wishes for the Future. Michelle notes that she has not really thought about the future. As she did think about her surrogate daughter in 20 years, she said, "I hope she grows up healthy and I hope she grows up to be pretty." Michelle reminisced about her surrogate daughter's pretty hair color that was very much like her own before a recent mishap with some hair dye. Alarming, Michelle adds, "I would love to see what she looks like at 21 years-old if I live that long, (but) I ain't really planning on it." Michelle also hopes that the surrogate baby will "be something. It doesn't really matter, be a doctor, be a nurse, (but) not just sit home and raise kids."

Formulations and Projective Test Data. Michelle grew up in a home in which knowledge was a dangerous commodity, and it was easier to not think or care about the past or future. Her inability to connect her own history of being parented to her decision to become a surrogate is not surprising. Connections between the past and the present, and the present and the future are too incriminating, too painful, and too overwhelming. Michelle lives solely in the present, and dreams and fantasies have proven themselves not useful. For example, her dreams, her links to the past, were flatly denied with no elaboration by her mother. Her fantasies, her hopes for the future, were dashed when her sister married, thereby decimating her only imagined escape from the pain of her life at home.

Michelle is vague about her reasons for becoming a surrogate mother, but she is aware that the adoptive couple's desire for and anticipated enjoyment of child rearing is important to her. This is as close as she can come to connecting her own life to her decision to be a surrogate. To link the two further involves experiencing wishes, hopes, and desires, as well as profound disappointment and rage over what she did not get. She notes that perhaps it is better not to know some things. As observers, it is safer to make the links; for us, Michelle's history, her experience of surrogate motherhood, and her

wishes for the child all provide clues to her motivations that she must keep hidden from herself.

Michelle knows, on some level, that her surrogate child is going to be loved in a way that she never experienced herself. Her mother was unable to support, protect or nurture her children in any consistent way, and she left the man who provided Michelle with her only experience of love and care. It is likely that the loss of this wonderful father was so devastating for Michelle, that she would never allow herself to become close or dependent on someone again. A part of herself was lost at age 5, and when Michelle thinks about her surrogate daughter, it is as if she is attempting to return to this time in order to recover some of what she has lost. She thinks of her daughter as a 5-year-old would; she wonders if her baby is pretty, and she hopes that she will grow up to be pretty. It is easy to imagine a 5-year-old girl being complimented by her adoring dad about her prettiness. Michelle wanted to live with her step-father, she begged to be placed in a foster home, and she refused to believe her biological father was her real father. As a surrogate, she provides her baby with her own long hoped for escape. She also creates and finds the parents she has always wanted, parents who invest a great deal of time, energy and money in their child-to-be. While perhaps Michelle has finally found her lost step-father in her "surrogate father", her relation to the adoptive mother is less clear but still very important.

Michelle easily states that she hates her father and idealizes her step-father. Her relationship with her mother, on the other hand, is laden with much more conflicting and unintegrated feelings. Michelle clearly worries about her mother, and she seems to feel protective of her mother. For example, at one point she wondered if her father truly loved her mother. She did not believe he did, and she implies that her mother is being taken advantage of in this way. While Michelle accurately describes her mother as not protective, all of her anger is reserved for her father, and although he certainly deserves Michelle's



wrath, Michelle's mother, I think, is also deserving. Michelle sees her mother as ineffectual, laughable, and now pitiable, but Michelle does not see her mother as the target of her anger in spite of her mother's obvious inability to provide her children with what they needed. Michelle's language, however, is dotted with the fury that arises in their relationship. She uses words like "killed", "ditched", and "murdered" to describe what mothers do to their unwanted children, and she uses those same words to describe her mother's feelings about her when she divorced. These are strong and angry words, but Michelle does not express these obviously felt sentiments about her mother.

There is something inherently dangerous about feelings like these towards one's mother, especially in the absence of another care taker. While Michelle has once experienced an adoring, loving parent in her step-father, he was fleeting and did not continue to contact Michelle. Her mother, while certainly not what one might think of as a consistent parent, was at least consistent in her presence. Thus to feel the full extent of her feelings towards her mother, including her fury, would be to risk her relationship with the only parent she could count on to some extent. Michelle blots out of memory the only period of her life when she lived with her mother as the sole parent. While it is certainly a frightening idea that perhaps something too horrible to remember happened, perhaps what is too horrible to think about is the rage that Michelle feels towards her mother. Perhaps she is doing in metaphor what she would like to do to her mother, blotting her out, while simultaneously protecting her relationship with her mother by not allowing these feelings to surface. While this is, of course, all quite speculative, there are hints that this may be the case. In addition to her furious language, Michelle notes that her mother's style is to ignore and forget what is too awful and too angering to think about. Her mother kept hidden the fact that Michelle's father was in jail, and Michelle states "to my mom, it never existed, it never happened. Michelle, in her memory lapse, indirectly and unconsciously lets her

mother know, in a way that only her mother will understand, that something about her life with her mother was awful, angering, and ultimately forgettable. When Michelle finally does tell her mother what a "nightmare" it was to be with her during this time, her dreams stop. Michelle's mother denies that the most concrete element of Michelle's dream was true, she was not placed out of the home, but she does not discuss with Michelle the next obvious aspect of the dream, the cruel nun. Michelle is also unwilling to make the connection, although she is quite capable of making connections as demonstrated by her comment, "I don't think I'll ever believe my dad is my dad, maybe it's because I hate him so much that I don't want him to be." Michelle and her mother both are aware that connections are dangerous, and hence they do not make them.

Five years-old marks the period of Michelle's life when she began to experience feelings that were too terrible to be expressed, and this is the point at which Michelle's mother left her second husband. Michelle must have been furious with her mother for pulling her away from such a wonderful father, and she seems to feel that her mother was somewhat envious of her relationship with her step-father. Michelle's only memory of her mother at this point is that she told her to "get lost". In this memory, Michelle was rescued by a nice man. In addition, Michelle remembers her step-father in an idealized way in spite of her mother's assertion that he was an alcoholic. As a surrogate, certain themes from this period in Michelle's life are evident. As mentioned above, she describes her child in a 5-year-old's terms. In addition, she has created a situation in which the adoptive mother will never be the real mother and has come to Michelle because she is not capable of having a baby, rather like a nun. Through her surrogacy, however, this adoptive mother is not envious or rejecting of Michelle, but welcomes Michelle's "relationship" with her husband. On some level, then, perhaps Michelle is able to repair her image of her mother when she

was 5-years-old, by replacing her with the more accepting adoptive mother who will take pleasure in watching her child "learn and grow" as Michelle's mother never did.

Michelle's style of attachment, according to the projective test data, is one of hostile detachment. Not surprisingly, Michelle found it very difficult to tell stories about the pictures, and instead she described incidents in her own life that she was reminded of by the cards. In spite of inability to tell stories, Michelle enjoyed the projective test, and at the end she commented:

"Good little book, better than inkblots, much easier to relate to. I don't have an imagination. I can't pick things out of clouds, . . . to me they were just inkblots. I didn't see nothing. I used to have a lot in my mind when I was growing up. My mom used to say I had the mind of a 21-year-old."

Michelle notes that while she was able to fantasize at one point while growing up, she can no longer use her imagination. Fantasizing and looking into things with no structure became impossible when she could not acknowledge or express certain feelings. She hints that these dangerous feelings were sexual in nature in her reference to her mind of a 21-year-old, and when Michelle expressed her feelings of tenderness, lovingness, and sexuality, in her 5-year-old way, to her step-father, there were severe repercussions. The relationship was terminated, and Michelle learned to not allow herself to express certain feelings of attachment, closeness, and desire. Hostile detachment, as an overall pattern, arises when severe separations are either traumatic or prolonged. Michelle clearly has had a number of severe separations. Her father left the family when she was 1 year-old, and her mother must have reacted to this separation, leaving Michelle confused with the inconsistency of her care taker. Her mother immediately jumped into another relationship, but when Michelle became close to this person, her mother severed the tie. Furthermore, when Michelle allowed herself to let down her guard and share her fantasies and wishes



with her sister, she felt devastated when she learned her sister was not as committed to her dreams, and ultimately to her, as she had thought. While Michelle's pattern of responses indicates that separations arouse a lot of pain and anxiety for her, she does not allow herself to feel attached to others. Given her experience, it makes sense that she would not want to become too close and thus make herself vulnerable. Detachment is the only comfortable way for her to be in relationships. Although Michelle does not allow herself to express or consciously experience closeness, some separations are extremely difficult for her. She appeared to be overwhelmed by incidents which reminded her of her fantasied trip with her sister (the girl's brother is leaving on a voyage), her step-father leaving and wish for her real father to leave (the girl's father leaves after a fight with her mother), and her thoughts about her mother's death (the girl and her father at the mother's coffin). On these cards, Michelle responds by blaming herself excessively to the point of absurdity. She feels that all of these separations were her own fault, and she could have prevented them by behaving better. Again we see the magical thinking of a 5-year-old, untempered with qualifications such as, "Of course I know I could not have really prevented my father from leaving." Michelle becomes frustrated and angry when she experiences feelings of attachment for which she can find no expression, and as a result relationships that arouse intense feelings for Michelle are characterized by anger and hostility. In order to protect her relationships, she must stop herself from caring about or needing another person. Unfortunately, Michelle's difficulty integrating her extremely ambivalent feelings and her powerful anger at herself has left her in a dangerous position. On the card in which the judge places the child in an institution, Michelle provides an example of the potential damage that her intense feelings can lead to: she thinks how nice it will be to go to the institution, while she simultaneously chooses the response "the girl feels like committing suicide". In order to keep herself safe, Michelle must remain detached from others, and she has chosen a life

style that will allow her to do so. She is not dependent upon her family, husband, or children, and while she relies on her roommate, she does not have to become too close. She is closest to her dogs, who unlike people, will not evoke such strongly ambivalent feelings. Surrogate motherhood is a very detached form of relationship, and in this way, it is perfect for Michelle. Because it is a form of relationship, however, it is upsetting when the relationship goes unacknowledged by the couple. This dismissal of Michelle is familiar and angering, and Michelle is furious when the couple will not send her photographs. She feels mistreated, and she wonders if her daughter is being mistreated. Ultimately, she needs to literally be able to picture her one hope, to provide her surrogate daughter, and "surrogate self", with an adoptive home in which children are desperately wanted and loved. With this picture, she can regain some of her imagination; without it, she can only feel anger.

## CHAPTER V

### GROUP FORMULATIONS AND CONCLUSIONS

At first glance, the women in this study appear to be very different from one another and have little in common. They have very different reasons for becoming surrogate mothers, very different experiences of surrogacy, and different styles of attachment. Each woman's surrogacy appears individually tailored to her own psychological needs, and it seems impossible to group the women in any simple way. The literature on surrogate motherhood suggests that this is indeed the case, and other researchers posit that there is no prototypic surrogate mother. What the women do have in common, however, is the perfectness of the fit between their lives and their surrogacies and the fact that something is being repeated and, at times, repaired through the act of having a baby for someone else. Repetition, of course, is not at all unique to surrogate motherhood. We are all destined to repeat, rework and attempt to repair various aspects of our lives (Freud, 1920, 1933; Fenichel, 1945; Pine, 1985; Russell, 1987). In this sense, the concept of repetition in surrogate motherhood adds very little to what we could already intuit. Surrogate mothers, however, have chosen an unusual route, and the question arises, what common themes are being repeated for the group of surrogate mothers, and why do they choose surrogacy.

#### Common Themes of Surrogate Motherhood

Several common themes emerge from the case studies in spite of the differences among the women. These themes involve the women's own experiences of being parented and their sense of their childhood relationships with their mothers and fathers. Many of the



women felt closer to their fathers than their mothers, and all describe the absence of a consistent supportive parental (primarily maternal) figure. In addition, all of the women demonstrate difficulties with issues of attachment. For clarity, I have separated these themes into three distinct categories; however, in reality, such clean distinctions do not hold up, and each category influences and is influenced by the others in a complex, interactive process.

### **Their Father's Daughters**

It is striking how many of the women view themselves as "daddy's girls". As children, four of the women, Ellen, Pam, Sandy, and Ann, felt much closer to their fathers than their mothers, and Michelle clearly idealized her step-father. Marie was not particularly close to either parent, although she does remember being her father's special helper. There is something pejorative about the term "daddy's little girl", as Pam succinctly describes herself; and Pam's phrase clues us in on an important aspect of what being daddy's girl has meant in these women's lives. "Daddy's little girl" sounds like a term used by Pam's mother, who Pam feels clearly envied her relationship with her father. "Daddy's little girl" diminishes and almost mocks the specialness of the relationship between father and daughter. What the term seems to imply for Pam is that being daddy's girl means not also getting to be "mommy's girl". This is true for all of the women; they were special to their fathers either at the expense of their relationships with their mothers or in the absence of being special to their mothers.

### **The Absence of a Supportive Maternal Figure and the Lack of Consistent Parenting**

All of the women describe their relationships with their mothers as not particularly close or nurturant. The extent to which the women's mothers were unavailable, critical, or outright destructive varied, but none of the women experienced their mothers as warm,

protective and loving in any consistent way. The women turned instead to their fathers, step-father, or siblings to feel valued in a relationship. Unfortunately, many of these relationships were also inadequate and disappointing. Ellen and Pam had fathers who rejected them when they grew up and married. Sandy's father seemed to need more protection than he could provide. Marie's father was taciturn and unavailable unless Marie did what he wanted to do. Michelle's step-father became literally unavailable, and when her biological father was released from jail, he was far from what one would want in a father. Ann is somewhat less clear, although she feels her father was "largely a typical father of the time, not very available". Ann remembers him as close when she was little, but as a slightly older, more independent child, both parents turned away from her.

All of the women in this study experienced severe rejection from their parents, especially as they grew up and began to make their own independent choices. Although it is not uncommon for adolescent girls to experience their parents', particularly their father's, emotional withdrawal from them as they mature, the extent to which the women's parents were unable to tolerate their children's independence is remarkable. The decisions the women have made throughout their lives have not been supported, or were even undermined, and in these families, it must have been particularly difficult to gain a sense of what it meant to be an adult, competent woman. For each woman, her history presented its own difficulties, but overall, the parenting that these women recall experiencing was inadequate and inconsistent throughout their childhoods. In particular, the women's perceptions of their mothers--their models of who they would someday be-- were of critical, aloof, rigid, weak, dependent, and even crazy women.

### **Difficulties in Attachment**

Similar to Hanafin's findings, the women in this study do not demonstrate secure patterns of attachment on the Separation Anxiety Test. While they cannot be characterized

by one attachment style, all of them have difficulties in attachment relationships. Ellen comes the closest to a secure pattern of attachment, but her test protocol is so constricted that it calls more attention to what is missing than to what is there. She cannot allow herself to have certain feelings, especially those that would indicate ambivalence, in her relationships. Ann and Sandy have learned to not trust that others will or can meet their needs, and instead they have learned to rely only upon themselves. Marie and Michelle have experienced such difficult, painful, and constant rejection that they have dismissed attachments almost altogether. While Marie is able to remain in a dependent relationship, Michelle is incapable of being in a close relationship without becoming overwhelmed. Pam presents herself as not needing others with her tough, independent style; yet, she is extremely anxious when she feels she must rely on herself. For all of the women attachment and a sense of connectedness is fraught with difficulty. This is not surprising given their memories of their relationships with their parents, and they have all found the best way they can to manage their attachments.

While insecure attachment patterns indicate the tenuousness these women feel in their relationships, they do not contribute to our understanding of why someone would become a surrogate mother. For example, many people feel insecure about attachments, but surrogate mothering is still quite rare. Patterns of attachment, however, are formed very early, and what we can glean from the women's insecure, anxious, detached, and excessively self-sufficient approaches to relationships is that something important went awry in their earliest relationship with their parents, and especially with their mothers who were for all of the women their early, primary care-takers. This is also evident from their individual histories.



## Surrogacy as a Developmental Transition

### The Developmental Tasks of Pregnancy

When women have their own children, usually the mother-daughter relationship undergoes a change. Ballou (1978) describes a process of reconciliation during a woman's first pregnancy that enables a woman to identify with her mother, and thus see herself as motherly. This does not mean that she will necessarily be a mother exactly like her own mother, or perhaps even similar to her mother, but rather that she will ultimately come to feel as though she has been mothered in a way that enables her to be a mother herself. In order to make this transition, a woman must begin to come to terms with what she did and did not get from her own experience of being mothered. It is only by resolving her ambivalent feelings about this that she will be able to respond primarily to the needs of her child, instead of merely reacting to her own unresolved childhood needs. Ballou stresses the importance of this developmental task in solidifying a woman's sense of herself as competent, autonomous, and powerful. Basically, she will come to see herself as an adult woman.

Clearly, it is an important, but difficult, task to accept one's ambivalent feelings about one's mother. Although the surrogate mothers in this study have all had children, they have not been able to successfully negotiate this developmental task during their pregnancies. While some of the women feel they are competent mothers in general, from the case studies we have seen that none have been able to attain a sense of themselves as autonomous, validated, and powerful adult women. As a group, they are still extremely ambivalent about their mothers, and surrogacy appears to be an effort towards integrating these feelings. I am suggesting, in summary, that surrogate mothering is motivated by the need to resolve this developmental task that has not been resolved by traditional means.

Becoming a surrogate mother affords the women a new opportunity to integrate their feelings about the parenting they received and thus, a new opportunity to attain a solid sense of their own identities as women and as mothers. The question remains, however, why the women have not been able to resolve these issues through their own marriages and the birth of their own children; and, more specifically, what it is about surrogacy, a significantly different and more remarkable type of pregnancy, which appeals to them.

### **Difficulties in the Reconciliative Process of Pregnancy**

For the women in this study, perhaps there is something too difficult, too demanding or too painful about the reconciliative task typically involved in pregnancy. Indeed, the most salient issue for the women seems to be the inadequate and rejecting parenting that they received. The task of coming to terms with what they did and did not get in their own experiences of being parented may be too difficult to confront since it necessarily evokes the repeated disappointments of their childhoods. All of the women have difficulties with attachments, and it is clear that their experience of the very early attachment process was somehow too traumatic to allow them to develop a secure style of attachment. This trauma is the key to understanding the women's failure at the reconciliative process.

Fenichel (1945), in his comprehensive review of psychoanalytic literature, offers a concept that is useful in helping us to understand the problems that these women face in attempting to negotiate this sort of developmental task. Drawing upon Freud's writings, Fenichel distinguishes different categories of repetitive behavior, one of which he describes as "repetitions of traumatic events for the purpose of achieving a belated mastery". In this form of repetition, Fenichel notes that what was once experienced passively before (the trauma) is repeated actively but in an amount and at a time under which the person feels more in control of the situation. In other words, the person seeks out a way to repeat this

upsetting experience in order to master it; but because the repetition itself is also painful, the repetition is conducted "on a smaller scale or under more encouraging circumstances" (p. 543). When the trauma is associated with very early impulses and desires, such as the surrogates' wishes or needs to attach to their mothers as children, then the experiencing of those impulses or desires becomes traumatic. In pregnancy, the developmental task of coming to terms with one's history involves a form of reexperiencing and reaccessing the feelings of having been mothered. This is something that the surrogates are never able to fully do since to reexperience these feelings will involve the repetition of the trauma of the women's perceptions of their lack of adequate mothering.

### **Surrogate Motherhood as an Attempt at Belated Mastery**

Utilizing Fenichel's concept, surrogate motherhood can be conceptualized as a way for the women to resolve this developmental task and to attempt to master what was experienced as traumatic in childhood "under more encouraging circumstances". Fenichel states that "(p)eople who tend to 'act out' in reality, who use external objects merely as instruments through which to find relief from their inner tensions, are very often of the traumatophilic type" (p. 545), by which he means that they actively seek out a repetition of the trauma in order to master it. Furthermore, he notes that people demonstrating this type of repetitive behavior often long for "one dramatic experience" to finally resolve the trauma. Surrogate motherhood can certainly be seen as a dramatic experience in which the surrogate mother uses "external objects", the adoptive couple, in order to repeat and hopefully repair some of her own history of being parented. By examining the women's stated reasons for becoming surrogate mothers, their experience of the process and their wishes, we can see this theme repeated again and again.



### **Identification with the Adoptive Mother and Surrogate Child**

In the women's experiences of becoming surrogate mothers, we can see that they identify with both the baby they will be placing with the adoptive couple and with the adoptive couple. Their wishes for the baby reflect wishes for their own lives, and their thoughts about the couple reflect what they wanted from their own parents. By providing the baby with these better parents, they are able to see themselves as reparented and also be a better parent. This theme is not different from those seen in the reconciliative process that typically takes place during a woman's pregnancy with her own child.

Not all of the women were able to reconcile and integrate their feelings about their own histories of being parented through their experiences of being a surrogate, but they did all choose surrogacy as a vehicle to attempt this process. Surrogacy seemed to provide something unique and special that more traditional means, such as having one's own children, marriage, and career, did not. The most striking difference between surrogate motherhood and traditional motherhood is the uniqueness of the relationships between the surrogate and her child and the surrogate and the "adoptive" mother. The relationships are limited, temporary, and for many of the women, based largely on fantasy. In cases where there is more contact between the surrogate mother and the adoptive mother, the relationship is still unlike other relationships. There is a task that requires that the surrogate mother be trusted and emotionally supported by the adoptive mother, and it can therefore avoid some of the burdens and dangers of more longstanding relationships. All of the relationships involved in surrogacy, can remain idealized because they are inherently limited. The surrogate mother can make use of the baby, the couple, and her vision of the baby in his or her new home in order to think about and reflect upon what she would have liked in her own life.

In some cases, the relationship, and fantasied relationship, formed between the surrogate and the adoptive mother, provided the surrogate mother with a new experience of herself that enabled her to resolve and integrate past conflicts. Ellen and Ann appear to have had such experiences, and for these women, surrogacy is felt to have been a successful and complete experience. In other cases, however, the surrogate experience only served to repeat the same disappointments and traumas that have characterized these women's lives. For Pam, her surrogacy did not allow her to achieve a sense of competence and autonomy, and instead reinforced for her the danger of these strivings. Michelle's wish to picture her daughter and herself with replacement parents is impossible when the couple disappears with no acknowledgement of their relationship to her. Both these women curtail their hopes and desires because each time they express their wishes, they are disappointed and traumatized anew. Marie loved her surrogacy, but she was unable to integrate the experience in such a way that she could sustain the positive feelings in the absence of the adoptive mother. She wants to become a surrogate mother again, desperately hoping to avoid the repetition of the the frustration she feels when the relationship with the adoptive mother comes to an end just as her relationship with her own mother came to an end. Perhaps she will be successful, although it seems unlikely. The outcome for Sandy is still uncertain. She is very worried that she will be ultimately disappointed if the adoptive mother prevents her from being able to know, and subsequently fantasize, that the baby will be with good parents.

### **Concluding Remarks and Relation to the Literature**

Although the women in this study experienced their surrogacies in very different ways, the initial motivation in becoming a surrogate mother was the hope that surrogacy

would afford them a new sense of themselves as independent, confident, and valuable. For very individual reasons, surrogate motherhood provided a perfect, creative solution to the gaps in their own histories of being parented. While surrogate mothering is not the only way, or maybe even the best way, to resolve the issues that are involved for each woman, the choice of surrogate motherhood does make sense in each of the women's lives. They hoped to repeat and repair an experience with their own parents under what seemed to be more encouraging circumstances with a fantasized set of parents. In their hopes to reconcile and come to terms with certain difficult feelings via a new kind of experience, surrogate mothers are no different than anyone else. They have just chosen an unusual, and currently very controversial, route. As Pine notes, we all have ". . . a tendency to reenact old modes of being and relating, to live out old fantasies, whether out of attachment and gratification or out of trauma and mastery or (more likely) both" (1985, p. 66).

The view that the motivations for surrogate mothering involve unique, highly individualized repetitions of themes from each woman's history is consistent with the findings of previous studies, and, in fact, offers a way to coherently organize other researcher's results. Parker (1984a) suggests that up to one third of surrogates have experienced a previous loss of a child, and they are attempting to master this experience. Here, Parker hints at the concept of repetition in the motivation to become a surrogate, but because he focuses on the giving up of a baby, he only can only identify the repetitive aspects of surrogate motherhood in a relatively small percentage of his sample. In addition, his findings are not replicated in other studies. We have seen that childbearing in general involves a developmental task, and it is likely that an in depth exploration of the women in Parker's study would reveal that this first loss of a child was a failed attempt at reworking their history of parenting. In this way, losing a child per se is not what is being repeated,



but rather the issues involved in pregnancy and integrating one's sense of what it means to be a woman and mother. Parker also describes a process of "transient identification" with the adoptive couple. While he conceptualizes this as aiding in the relinquishment of the child, this study suggests that this identification is part of the entire surrogate process, including the motivation to become a surrogate. It is the way in which the surrogate mother attempts to resolve developmental issues and to change herself by making use of an identification with the adoptive couple and the surrogate child. Hanafin (1984) finds that surrogate mothers tend to demonstrate anxious and avoidant patterns of attachment. While Hanafin only notes the significance of this finding in terms of how the woman will experience the relinquishment of the child, by looking at the women's experiences of becoming surrogate mothers in the context of their individual histories, it is clear that attachment patterns are connected to the choice, the experience, and the outcome of their surrogacies.

The women, in their willingness to discuss their motivations to become surrogate mothers, offer sound advice to researchers. Ellen suggests that "the emotions of a surrogate and why a person does it and who they are as people . . . has got to be a real varied thing." Ann tells us that the connection is with the adoptive mother, and Marie notes that loss, in terms of relinquishing a child, does not make sense to her. I think Ann and Marie are accurately pointing to the fact that trying to explain someone's behavior without understanding it in the context of their lives is impossible. As outsiders looking in, we, as a society, have focused on issues such as the exploitation of women by rich men, and the deviance or altruism of the giving up of one's baby; but we have not focused on the individual women's perceptions of their actions and decisions.

Surrogates, like all people, make decisions that make sense in their lives. Surrogate mothering is not merely about relinquishing a child, or giving the gift of a child, or earning

\$10,000. Although all of these factors may or may not be important to any particular surrogate, surrogate motherhood in general is much more complex and individual. Perhaps this is why studies of empathy, psychopathology, altruism, and attachment yield no results. While this study supports other researcher's findings that surrogates cannot be simply grouped into symptom clusters or personality traits, it sharply differs with the implications others have drawn about surrogacy. Parker (1984a) best exemplifies the conclusions of the research to date when he reports that there is no correlation between the motivation to become a surrogate, the particular arrangement of the surrogate process, and the psychological outcome. In contrast, we have seen that the surrogates' motivations, experiences as surrogate mothers, wishes for the child and their own histories of being parented are all integrally connected. It is only when surrogacy is seen within the context of individual's lives, as opposed to trying to find one specific motive or character trait of women who have children for someone else, that we can begin to understand and conceptualize the motivations and experiences of women who choose to become surrogate mothers.

## APPENDIX

### Interview Schedule

#### Introduction:

I am interested in how women decide to become surrogate mothers, and about the way they feel that certain kinds of experiences have contributed to their decision. So I'd like to ask you about your feelings regarding being a surrogate mother and what you anticipate this experience will be like for you. I'm also interested in your relationship with your husband and children, and in your early relationship with your family. So I'll be asking questions about what your life is like right now as well as about your childhood. This interview will probably take us about an hour and forty five minutes.

#### 1. Could you start by helping me to get oriented to what your life is like now--where you live and so on?

This question is both to gain data and to put the surrogate mother at ease by beginning the interview in a relaxed conversational way. The following questions will be introduced in as normal conversational style as possible, encouraging the surrogate mother to add general information to each question.

--Who else lives at home with you? (Get names and ages of people living in the home.)

If a husband or lover lives at home:

--How long have you and \_\_\_\_ been married? (lived together)

--What does he/she do?

If children are in the home:

--Is \_\_\_\_ in school? What is she/he like?

What are some of the things that \_\_\_\_ likes to do. (Ask about all of the children)

--What are some of the things that you enjoy doing with your children? What do you like to do with \_\_\_\_? (Ask about all of the children calling them by name.)

--and \_\_\_\_? (husband/lover's name) What are some of the things that he enjoys doing with the children? What does he like to do with \_\_\_\_? (Ask about all of the children calling them by name.)

--Do you work outside of the home or go to school? What do you do? (Be sure to ask about volunteer work as well.)

--Do you plan to continue while you are pregnant? (Find out how long she plans to continue, and whether she worked during other pregnancies.) How



long do you plan to take off for maternity leave? (Find out about previous maternity leaves.)

--Briefly find out about work/school history. What did you do before you began working at \_\_\_\_/ attending \_\_\_\_? Before that? ...(Find out if not working currently, if recently quit, has never worked, etc. Go back as far as high school.)

--What are some of the things you like and dislike about your work/school? (Get specific examples of each.) Is there anything or anyone in particular that you will miss when you stop working? Anything that will be a relief to not have to do or anyone that will be a relief not to see for a while?

2. How did you find out about the surrogate mother program? How did you decide to apply?

While this question is jumping right into the interview, most of the surrogates will have discussed their decisions with friends and family and have formulated some response to this question. By asking early in the interview about reasons for becoming a surrogate, it will be easier to introduce specific questions about motivations later using examples from their responses to this question. For example: You said you loved being pregnant, could you tell me what being pregnant is like for you? Or, you said you could really empathize with infertile couples; how do you imagine the couple will react when they receive the baby?

3. What has been your experience with the agency so far? (Find out how much contact she has had with the agency in terms of number of hours.)

--You said \_\_. Can you give me an example of a time or interaction that made you feel that way?

--Have you met other surrogate mothers?

--What are they like?

--Is there anyone with whom you feel particularly close?

--What is she like? She's \_\_\_\_, could you give me an example of an interaction or time that illustrates this?

4. Have you begun the insemination process yet? Are you pregnant?  
Number of attempts at insemination.

If pregnant:

--How long have you been pregnant?

--Are there things that you especially like about being pregnant?

Dislike?

--How does it (this pregnancy) compare to what you thought it would be like? Similar/Different? How. (If different, feelings about difference--disappointed?)

--How do you feel physically?

--Have you noticed any bodily changes since becoming pregnant? How do you feel about them? Have you noticed any changes in your moods?

Depending upon length of pregnancy, ask about specific changes to each trimester. What sorts of changes did you notice in the first couple of months?

--Have you felt the baby kick yet? When did you feel the baby move? Where were you? What did you think when you first felt the baby move? Who did you tell first? What was his/her reaction? Who else did you tell? Reaction? Similar/Different to what you imagined it would be like for you?

--What sorts of changes have you noticed since then?

--Do you ever fantasize or daydream about this baby? What kinds of thoughts do you have? Is there any particular time when you find yourself thinking about the baby?

--Are there any particular qualities of yours that you would like this baby to have?

5. If the surrogate did not mention children in #1 above:

--Have you been pregnant before?

--(If not volunteered) How many times have you been pregnant?

--What happened to this pregnancy(ies)?

--Was this pregnancy planned? (If planned, inquire about reasons for having child at this time)

If surrogate describes history of abortion, miscarriage, or child given up for adoption, skip questions below about these events. Make sure, however, to ask about all pregnancies.

Ask the following questions if the surrogate has been pregnant before, changing wording slightly if she does not have children.

--Could you tell me what your other pregnancies have been like? (Number of pregnancies if not covered already)

--What it was like when you were pregnant with \_\_\_\_? (Begin with first child.) Is there anything about the pregnancy that stands out in your mind?

-- Was this pregnancy planned?

--(If not currently pregnant ask about likes and dislikes of pregnancy as above)

Likes/Dislikes of pregnancy

--How did you feel when you were pregnant with \_\_\_\_? Specifically ask about each trimester. What sorts of changes did you notice in the first couple of months? (Probe for both physical changes and emotional changes.) Any changes in mood or any particular thoughts? Physical changes?

--When did you first feel \_\_\_\_ move? Where were you?

What stands out most in your memory about when you first felt \_\_\_\_ move? Who did you tell first? What was his/her reaction? Who else did you tell? Reaction?

--Did you ever fantasize about \_\_\_\_ before he/she was born? What sorts of thoughts did you have?

--What was your experience of labor and delivery with \_\_\_\_? What stands out most in your memory about your delivery?

--What was your reaction when you first saw \_\_\_\_?

--Could you tell me what it was like when you left the hospital? Did you have \_\_\_\_ with you?

Ask about memory of pregnancies calling each child by name following the above questions.

--How do you imagine this pregnancy will be in comparison to your previous pregnancy(cies)?

--Some women feel as if all of their attention is devoted to the baby, beginning before the baby is born and for a while afterwards. I don't mean just in terms of the extra time it takes to do things when pregnant or when a new baby is at home, but almost as if they find themselves moving away from other things in their life and becoming preoccupied with the baby. Did this ever happen to you? (With \_\_\_\_?) Describe.

If number of pregnancies exceeds number of children and surrogate has not already explained:

--You mentioned that you have been pregnant \_\_\_\_ times... (pause to see if she will fill in what happened to those pregnancies or \_\_\_\_ children) What happened to that pregnancy? Planned?

--Have you ever had a pregnancy terminate in an abortion? If yes, ask for date and what she remembers about that incident. Do you ever think about that child? What do you think about when you remember that child or incident?

---...miscarriage? (Date and memories of incident)

---...given a child up for adoption? (Same queries as above)

Although I am interested in whether or not the surrogate connects this event to her decision to become a surrogate mother, this should emerge spontaneously. If she offers a connection, then I will ask her to describe how she feels the experience influenced her. Otherwise I will pause for her to think a moment and then move on to the next question.

6. How do you think that \_\_\_\_ (husband/lover's name) feels about you becoming a surrogate mother? \_\_\_\_ (Get example indicating this) What does he say?



--Could you try to describe your relationship with \_\_\_\_.

--I'd like to ask you to choose five adjectives that reflect your relationship with \_\_\_\_\_. I know this may take a bit of time, so go ahead and think for a minute...then I'd like to ask you why you chose them.

--OK, now let me go through some (more) of my questions about your description. You say he/she was \_\_\_\_\_. Are there any memories or incidents that come to mind with respect to his/her being \_\_\_\_\_?

--Does \_\_\_\_ (husband/lover's name) help with the children? Could you give me an example of some of the things that he/she does to help? Are there things regarding the children with which you feel you could use more help? Could you give me an example or a time you felt that way?

--Could you describe what the insemination process was (is) like for you and \_\_\_\_? Did you have sex during this time? Did you have to change the way in which you had sex at all? In terms of contraception? Timing of when you had sex?

--What do you think the pregnancy and delivery will be like for him? How do you think he will react?

--Does he have any concerns about this pregnancy? (Ask surrogate to explain her response, and how she feels about his concern or lack of concern.)

--Some women notice that their relationship with their husband changes slightly in one way or another when they are pregnant. Did you notice this in your previous pregnancy(ies)? Try to get at specific examples of changes. For example: How did he act differently? Do you feel he was responsive to your needs at this time? How much did he help with the household chores? With care of the children?

--with this pregnancy?

--Do you feel your relationship has changed in the years that you have been together? (How? Are there certain incidents or memories that you feel illustrate this change?)

7. Do your children, (name them), know about this pregnancy (plans to become a surrogate)?

If they do know:

--How did you tell them about it?

--How did they react when you told them? How did \_\_\_\_ react? What did he/she say?

If not:

--Have you thought about how you might tell them?

--Do you have any thoughts about how \_\_\_\_\_ will react when you tell him/her? What do you think he/she will say?

If there is more than one child in the household, inquire about how the older children reacted to new siblings. Did the surrogate notice any changes in behavior that indicated to her how her child was feeling? How did she respond?

--Are they interested in the baby you are having? What do they say? (Do you think they will be interested? What do you anticipate they will say?)

--Do you think it will be difficult for your children to understand what you are doing? How have you thought about helping them to understand?

--Do you think they will want to meet the baby?

--Now, just like I asked you to choose five adjectives that described your relationship with your husband, I'd like to ask you to choose five adjectives that reflect your relationship with each of your children. Let's start with \_\_\_\_\_. Go ahead and think for a minute if you'd like, then I'd like to ask you why you chose them like before.

--OK, now let me go through some (more) of my questions about your description. You say he/she was \_\_\_\_\_. Are there any memories or incidents that come to mind with respect to his/her being \_\_\_\_\_?

8. Have you met the parental couple? Do you want to have contact with them throughout your pregnancy? After delivery?

--When you think about them, what kinds of things come to mind?

--Do you find yourself thinking about them at any particular time?

--What do you imagine they will be like as parents?

9. You know, we've talked some about your husband/lover and children, and I'd like to switch gears a little now and talk about the family you grew up in. Perhaps you could describe your early family situation, and where you lived and so on. If you could start out with where you were born, whether you moved around much, what your family did at various times for a living? (From Adult Attachment Interview)

--Did you see much of your grandparents when you were little?  
Following AAI...Your mother's father died before you were born?

How old was she at the time, do you know?.. Did she tell you much about him?

--Were there brothers and sisters living in the house, or anybody besides your parents? Are they living nearby now or is your family pretty scattered?

--What anecdotes or stories does your family tell about you?

10. I'd like you to try to describe your relationship with your parents as a young child...if you could start from as far back as you can remember?

11. Could you choose five adjectives that reflect your childhood relationship with your mother. Again, I know this may take some time, so go ahead and think for a minute.. then I will ask about each adjective you chose.

--OK, now let me go through some (more) of my questions about your description. You say she was \_\_\_\_\_. Are there any memories or incidents that come to mind with respect to her (being)\_\_\_\_\_?

12. Now, I'd like you to choose five adjectives that reflect your childhood relationship with your father. I'm going to ask you again why you chose them.

--Queries as above.

13. To which parent did you feel the closest, and why? Why isn't there this feeling with the other parent?

14. When you were upset as a child, what would you do?

--When you were upset emotionally when you were little, what would you do? Can you illustrate with specific incidents?

--Can you remember what would happen when you were hurt a bit physically? Again, do any specific incidents come to mind?

--Were you ever ill when you were little? Do you remember what would happen?

15. What is the first time you remember being separated from your parents? How did you or they respond? Are there any other separations that stand out in your mind?

16. Did you ever feel rejected as a young child? Of course, looking back on it now, you may realize it was not really rejection, but what I'm trying to ask about here is whether you remember ever having felt rejected in childhood.



--How old were you when you first felt this way, and what did you do?

--Why do you think your parent did those things--do you think he/she realized he was rejecting you?

17. Were your parents ever threatening with you in any way,---maybe for discipline, or maybe just jokingly?

--Some parents have told me for example that their parents would threaten to leave them or send them away from home. A few of the parents have memories of some kind of abuse.

--Did anything like this ever happen to you, or in your family?

--How old were you at the time? Did it happen frequently?

--Do you feel this experience affects you now as an adult? Does it influence your approach with your own children?

18. How do you think these experiences with your parents have affected your adult personality? Are there any aspects to your early experiences that you feel were a set-back in your development.

19. Why do you think your parents behaved as they did, during your childhood?

20. Were there any other adults with whom you were close, like parents, as a child? Or any other adults who were especially important to you, even though not parental?

21. Did you experience the loss of a parent or other close loved one (sibling, or close family member) while you were a young child?

--Could you tell me about the circumstances, and how old you were at the time?

--How did you respond at the time? Was this death sudden or was it expected?

--Have your feelings regarding this death changed much over time? Were you allowed to attend the funeral, and what was this like for you?

--(If loss of parent or sibling) What would you say was the effect on (other parent or) household, and how did this change over the years?

--Would you say this loss has had an effect on your adult personality?

--How does it affect your approach with your children?

- 21a. Did you lose any other important persons during your childhood? (Same queries).
- 21b. Have you lost other close persons, in adult years? (Same queries).
22. Have there been many changes in your relationship with your parents (or remaining parent) since childhood? I mean from childhood through until the present?
23. What is your relationship with your parents like for you now as an adult?
24. Do they know about this pregnancy?
- How did you decide to tell/not tell them?
  - How did they react? (will they react, if not told yet, or would they have reacted if they will not be told).
  - What was your mother's response, in terms of feelings, to your other pregnancies? Did she help with the baby?
  - father's response?
  - Did your parents help you make any decisions about caring for your children?
25. What are your in-laws like? Your mother-in-law?...father-in-law? Could you describe your relationship with them?
- I'd like you to choose five adjectives that reflect your relationship with your mother-in-law? Why?
  - five adjectives describing relationship with father-in-law? Why?
  - With which in-law do you feel closer? Reasons? Why not the other in-law?
  - Do they know about this pregnancy?
  - How did you and your husband decide to tell them/ not tell them?
  - How did they react? (will they or would they have).
26. I am certain that you have thought about how it will be for you to part with this child. How do you imagine it will be for you, in terms of feelings?
- How do you respond now, in terms of feelings, when you are apart from your children?

--Were you ever separated for a long time, or what seemed at the time to be a long while? What was that like for you? Was that the first time? What was the first time you were apart like?

--Do you ever worry about this child? What do you worry about? Do you worry about your other children? Describe.

27. If you had three wishes for this child twenty years from now, what would they be? I'm thinking partly of the kind of future you would like to see for your child. I'll give you a minute to think about this one.

28. Is there any particular thing which you feel you learned above all from your own childhood experiences? What would you hope your child might learn from his/her experiences of being parented?

29. Is there any particular thing that we have discussed, and I know we've covered quite a lot of ground today, that you feel has been influential in your decision to become a surrogate mother?

30. Is there anything that we haven't discussed that you feel is significant in your choice?

31. How do you plan to use the fee you receive for being a surrogate mother?

32. Is there anything that you would like to discuss further? Or any questions you would like to ask me?

(After answering questions, proceed with the Separation Anxiety Test)



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